University of Alberta

Hope as Experienced by Mothers Bereaved by the Suicides of their Children

By

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DEDICATION

To Catherine G. Jol

This is dedicated to you because you as my anchor throughout my education. Thanks for driving me to the Bookroom late at night to get last minute supplies for my science fair project. Thanks for stopping me to pray before I left the house for a test or in later years, praying and encouraging me over the phone. Thanks for proofreading my papers and discussing ideas with me. I can not recall a time when you were not available to listen or support me academically. I really appreciate you. (Romans 8:28, 2 Cor. 1: 3-4).

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ABSTRACT

This study investigated the impact of completed suicide on mothers' grieving and examined how they reconstructed hope within their lives. Three women answered the question "What does hope mean for mothers following the loss of a child/children to suicide?" by discussing what helped them survive. Hope was defined as the ability to say "yes" to life. Data were gathered using taped, semi-structured, in-depth interviews. A basic interpretive inquiry method was used to examine data for themes of hope. Analysis led to three emerging themes that fostered hope: social support, spiritual connection, and giving back. Meaning-making was found to be an important underlying process for all three women. Short, descriptive stories of each mother's loss experience are presented, allowing insight into the experience and meaning of loosing a child/children to suicide. Results were discussed within the framework of previous hope and bereavement research.

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CHAPTER ONE

INTRODUCTION

"Hope is the sunlight within"

Hope: What is it? Why is it important? To define hope can be compared to trying to pin-down a cloud. Its' elusive, intangible nature makes it difficult to identify, define, and research. Yet, hope is of great value and worthy of exploration. It has existed as part of the human experience for as long as history has been recorded; however, hope only recently surfaced as a topic of scientific research. Menninger (1959) was among the first to comment on hope's power to positively affect the healing process. In the last four decades, the study of hope has advanced (Cutcliffe, 1997; Day, 1969; Dufault & Martocchio, 1985; Farran, Herth, & Popovich, 1995; Farran, Wilken, & Popovich, 1992; Snyder, 2000). It has been found to be important to the processes of coping and healing in times of illness and distress (Clarke, 2003; Eliott & Oliver, 2002; Groupman, 2004; Little & Sayers, 2004; Moore, 2005; Nekolaichuk, Jevne, & Maguire, 1999; Snyder, 2005), holds therapeutic value in counselling (Cutcliffe, 2004; Edey & Jevne, 2003; Morison, Bromfield, & Cameron, 2003; Savenstedt, & Haggstrom, 2005), and has been used as a diagnostic tool (Herth, 1992; Snyder et al., 1991).

Hope has also been studied in the area of loss and bereavement. Although there are many diverse responses to loss, one identified theme is a loss of hope (Cutcliffe, 2004; Michael & Snyder, 2005). A mother grieving the loss of a child to suicide may lose hope for what her child could have become or for dreams of her family in the future. She may also lose hope in her role as a mother, feeling guilt and abandonment. Hope and belief in

a world that is predictable, "makes sense", and is meaningful may be shattered (Klass, 1999). Cutcliffe (2004) suggested some bereaved individuals may face complicated grief (inability to process through grief requiring professional healthcare services) and may experience a prolonged loss of hope or sense of hopelessness. The pain of loosing a loved one can cause the bereaved to contemplate ending his or her life (Jordan, 2001; Murphy, Johnson, Wu, Fan, & Lohan, 1999). The acquisition and maintenance of hope assists in the ability to "continue on" after experiencing the loss of a child by suicide.

Suicide is a major public health problem in Canada. It is one of the leading causes of death in males and females from the teenage years through to middle age (Langlois & Morrison, 2002). On average, 15 out of every 100, 000 Canadians die by suicide each year (World Heath Organization, 2002); about 450 of those suicides take place in Alberta (Alberta Justice, 2002). A conservative estimate suggests that for every one suicide, six people suffer intense grief (Clark & Goldney, 2000); this means that approximately 2700 Albertans per year experience bereavement due to a suicide.

With approximately one or two suicides per day in Alberta, families, friends, communities, and health care professionals struggle to find answers and ways to make sense of the loss. Although there are now many books and research articles available on working through grief, historically little attention had been shown to the bereavement process resulting from a loss to suicide. It was not until Albert Cain's (1972) groundbreaking book *Survivors of Suicide* was published that this area of bereavement received in-depth examination (Nuttgens, 1997). Today, reviews of the suicide bereavement literature suggest two views. One view indicates that suicide bereavement is very similar to other types of loss (cancer, car accident, SIDS). The second view

points to differences between suicide bereavement and bereavement through other causes.

Several researchers in the field conclude that there are very few differences, if any, between suicide bereavement and other types of mourning (Cleiren & Diekstra, 1995; Dyregrov, Nordanger, & Dyregrov, 2003 ; McIntosh, 1993). Although these researchers may be accurate in identifying that evidence for quantitative differences between suicide bereavement and other types of grief is mixed, there is additional evidence that suggests qualitative or thematic aspects of grief are different for a death by suicide (Clark & Goldney, 1995; Cleiren, 1993; Cvinar, 2005; Dunn & Morrish-Vidners, 1987-1988; Range, 1998). Bailley, Kral, and Dunham (1999) found that those bereaved by suicide experienced higher feelings of rejection, stigma, shame, responsibility, and grief than those bereaved by natural causes or accidents.

In 2001, Jordan completed a review of the literature. He discovered three significant ways in which suicide bereavement is different from other types of loss: the thematic content of the grief (guilt, responsibility, blame, and struggle to find meaning), the social processes surrounding the survivor, and the impact suicide has on family systems. These findings support loss to suicide as a unique type of loss and validate research within the area of suicide bereavement.

For mothers bereaved by the death of a child by suicide, the shock, pain, confusion, shame, and guilt can be debilitating.

> "A mother begins to grieve for what might have been—for the loss of the future and for what will be no more. Her process entails learning to live without her child. She struggles to hold on to memories from the past while letting go of

dreams for the future...The life and death of her child compose a bereaved mother's story…" (Schatz, 1986, p. 304).

Schatz, a bereaved mother herself, suggested that even years after the grief has softened and much grief work has been completed, a mother still feels the need to acknowledge her child or children who have died. This research project introduces three such mothers who, having lost children to suicide, graciously and courageously unveiled their experiences of motherhood, loss, and hope.

Research Purpose

The purpose of this research is to understand the phenomenon of hope within participants' suicide bereavement experiences. The interpretations, perspectives, and meanings attributed to this experience of loss are sought (Merriam, 2002). A central element in the research approach is to preserve each mother's story so that the language, time, context, and content of the stories are not lost, but continue to be evident within the document. To achieve this, an interpretive inquiry method which falls under the broad umbrella of qualitative methodology will be used.

The interpretive inquiry approach will allow for a rich and descriptive text involving aspects of suicide bereavement and hope, enlightening the researcher and readers alike to the nature and meaning of this experience (Merriam, 2002). To this end, the following research question will seek to be answered: What does hope mean for mothers following the loss of a child/children to suicide?

Definition of Terms

For the purpose of clarity, the following section presents the definitions of terms used throughout the document.

Hope: According to the Webster's Dictionary, hope is defined as "a desire for some good, accompanied with a belief that it is attainable; trust; one in whom trust or confidence is placed; the object of hope; to desire with some expectation of attainment" (1992, p. 108). Stotland, the conceptual founder of a number of hope theories and scales stated "…hope is an expectation greater than zero of achieving a goal" (1969, p. 2). Hope can be used as a noun ("I have hope") or as a verb ("I am hoping"). It's elusive qualities make it difficult to define. However, for the purpose of this research, hope is that quality that enables a person to say "yes" to life (Jevne, 1991).

Hopelessness: Described as prolonged feelings of despair and discouragement (Beck, Brown, Berchick, Stewart, and Steer, 1990). Hopelessness also includes "a thought process that expects nothing, and a behavioral process in which the person attempts little or takes inappropriate action" (Farran, et al., 1995, p. 25).

Bereavement: "Bereave means to deprive, dispossess, or strip from" (Rando, 1986, p. 66). Bereavement is the state of living with a significant loss. Bereavement encompasses the aspects of grief and mourning, and it includes the processing of the loss, not necessarily towards resolution or acceptance, but towards a meaningful integration of the loss into one's life.

Suicide bereavement: The state of being whereby one finds himself/herself living with an absence or loss due to a death by suicide.

Suicide survivor: A suicide survivor is someone who has lost someone else in her life to suicide.

Completed: A term used to indicate that a person has died by suicide.

Grieving: Grieving refers to the emotional, cognitive, and somatic responses caused by a significant loss (Jacobs, Mazure, & Prigerson, 2000).

Mourning: Mourning refers to the social customs and cultural practices that are followed after a death (Kalischuk & Hayes, 2003-2004).

Complicated grief (complicated mourning, complicated bereavement, traumatic grief): These terms refers to a "getting-stuck" in grief whereby one is unable to integrate the loss into his or her life. Complications may include major depression, panic disorders, generalized anxiety disorders, posttraumatic stress disorders (PTSD) and increased alcohol use/abuse (Jacobs et al., 2000).

A literature review of past research findings on hope and suicide bereavement will be discussed in chapter two. Chapter Three will discuss the approach to selection and interview of participants, present the method chosen for data analysis, and discuss ethical considerations. The fourth chapter provides a narrative introduction to the three participants interviewed, all of whom are mothers who had lost children to suicide. The study results are presented in Chapter Five as themes that emerged through participants' interviews. Chapter Six involves reviewing the research findings within the context of existing research.

CHAPTER TWO

Literature Review

The section to follow will touch on theories and research on hope which have bearing on the social and health sciences today. It will also examine literature relevant to the field of suicide bereavement. A summary of the findings within these two areas will be presented. The first area to be examined is hopelessness.

Hopelessness

> "I think about it a lot, and I see that in the end, both of them were without hope. Otherwise they wouldn't have [died by suicide] right." (Tammy)

Everyone experiences times in life in which their hopes are shattered. Changes, losses, or unmet expectations can lead to a "piling up" effect that challenges one's hope (Farran, et al., 1995). There is a connection between hope and hopelessness as they exist on the same continuum with hope on one end and hopelessness on the other; as hopelessness increases, hope decreases, and visa versa. Hope protects a person's "physical, psychological, and spiritual health and quality of life" whereas hopelessness threatens it (Farran et al., 1995, p. 39).

Beck et al., (1990) suggested hopelessness can be either a temporary state or ingrained trait. Like hope, it involves a way of feeling, thinking and acting. Feelings include despair, discouragement, and feeling trapped, while thoughts often consist of negative assumptions about the possibility of solutions. Hopelessness leads to behaviors that lack initiative or are inappropriate for helpful change (Beck et al., 1990; Farran et al., 1995).

Hopelessness is often preceded by stress and a sense of helplessness; it may include feelings of being overwhelmed and a perceived inability to cope. The myth of mastery over life may be challenged which leads to feelings of shame and a sense of incompetence and inferiority when compared with others. Combined, these experiences contribute to an eroding of self-worth and diminished meaning to life (Clarke, 2003). It has been found that people who experience continuous pain and hopelessness are in danger of ending their own lives (Aldridge, 1998).

Many adolescents experience hopelessness related to their family, friends, and school (Aldridge, 1998). Some studies have suggested it is the variable most directly related to depression and vulnerability to suicide (Abramson et al., 1998), but differs from depression in that depression is characterized by pervasive anhedonia (inability to gain pleasure) whereas hopelessness is associated with demoralization (a loss of hope and faith) (Clarke & Kissane, 2002).

Personal goals have emerged as a determinate of whether an individual will be able to hope despite bleak circumstances (Farran et al., 1995). For example, a specific goal for a "cure" from one's situations may lead to increased hopelessness; however, a more generalized goal such as "to make it through" provides an opportunity for hope to increase (Farran et al.,). Other determinates include "the number of difficult life events, the ability to interpret and process these difficult life experiences, personal values, and internal and external resources" (Farran et al., 1995, p. 28).

In summary, hopelessness is a phenomenon described as feelings of helplessness and despair, thoughts of negativity regarding the future, and an inability to take action towards appropriate change. It is thought to be caused by a "piling up" of stressful

circumstances beyond one's resources and ability to cope, causing one to "give up". Research has suggested hopelessness can be treated though therapies that ultimately foster hope (Clarke, 2003).

The Value of Hope

> "Hope is the thing with feathers
> That perches in the soul,
> And sings the tune--without the words,
> And never stops at all,
>
> And sweetest in the gale is heard;
> And sore must be the storm
> That could abash the little bird
> That kept so many warm.
>
> I've heard it in the chillest land,
> And on the strangest sea;
> Yet, never, in extremity,
> It asked a crumb of me."
> (Emily Dickinson)

Hope is an intriguing, yet abstract concept that goes much deeper than simply being a word. Hope appears to be an unquantifiable power, or energy, or strength that enables people to persevere, to keep living, and to find meaning in their lives. Menninger (1959), at his landmark presidential address of the American Psychiatric Association, discussed the lack of literature on hope within psychiatric research. Although it was common within the field of medicine for patients to greatly defy the odds of recovery, he stated that "the shelves on hope are bare" (Menninger, 1959, p. 481). He challenged the medical community to view hope as an essential element of recovery:

> "I speak…to the point of focusing attention upon a basic but elusive ingredient in our daily work - our teaching, our healing, our diagnosing. I speak of hope…Are we not duty bound to speak up as scientists, not about a new rocket or a new fuel or a

new bomb or a new gas, but about this ancient but rediscovered truth, the validity of hope in human development?"

Within the past four decades, a surge of international attention has focused on the study of hope and repeated findings indicate that hope affects our health in a positive way; in both clinical and academic settings the value of hope has become well recognized. Hope has been studied among the chronically ill (Jevne, 1993), in palliative care settings (Benzein & Berg, 2005), with cancer patients (Benzein, Norberg, & Saveman, 2001), self harm populations (Lindgren, Wilstrand, Gilje, & Olofsson, 2004), in psychiatric nursing (Moore, 2005), and among family members of people with illnesses (Bland & Darlington, 2002; Borneman, Stahl, Ferrell, & Smith, 2002). Jevne (1994) suggested, "Whether hope is viewed as a human need, [a] biological life force, a mental perspective or an external pull to transcend self, it is capable of changing lives. It enables individuals to envision a future in which they are willing to participate" (p. 8).

Hope Models

> "Hope is a multidimensional dynamic life force characterized by a confident yet uncertain expectancy of achieving a future good which, to the hoping person, is realistically possible and personally significant" (Dufault & Martocchio, 1985, p. 381).

Clinical models of hope have revealed unidimensional, two dimensional and multidimensional models (Keen, 2000). Unidimensional models of hope (Stotland, 1969) allowed hope to be studied scientifically as a variable affecting behaviour. A connection was found between having goals and the experience of hope. Two dimensional models expanded on an individual's goals in experiencing hope to include strategies for goal attainment. Snyder (1995) stated that hope is fed by two processes. First, the sense that

one is able to meet his or her goals; there is a positive drive to meet goals of the past, present, and future (willpower). Second, hope is generated from people that have plans or strategies to meet their goals (waypower). Snyder suggested people need to have the "will and the way" to increase their hope. Multidimensional models added a new complexity to the understanding of hope which will be discussed further.

Default and Marocchio's (1985) seminal work with cancer patients produced a two-sphere model of hope: generalized hope (a general sense of a positive change in the future) and particularized hope (a specific valued outcome). Six dimensions of hope then overlapped both spheres. Default and Marocchio suggested that when particularized hope became depleted, generalized hope was relied upon to overcome crisis.

Similarly, Nekolaichuk, Jevne, & Maguire (1999) developed an "experience of hope" model based on the personal experiences of 550 people, some of whom were healthy, some who had life-threatening illnesses, and some who were nurses. Using factor analysis, three dimensions of hope were identified: personal spirit, risk, and authentic caring. Personal spirit was based on a core theme of meaning; risk had the core theme of uncertainty; and the core themes of authentic caring were credibility and caring. This model supported the importance of meaning in the experience of hope and identified the search for meaning as contributing to a hopeful disposition.

Benzein and Saveman (1998) looked at 100 references involving hope from qualitative and quantitative research articles and books. Many different approaches, definitions, and descriptions of hope were analysed from the disciplines of nursing, psychology, and philosophy. Consistent with other research, the study found that the

pertinent attributes of hope were future-orientation, positive expectation, intentionality, activity, realism, goal-setting, and inter-connectedness.

Cutcliffe and Grant's (2001) summary of the hope literature found related results. They suggested that hope is multi-dimensional, dynamic, empowering, central to life, related to external help, related to caring, orientated towards the future, and highly personalized for each individual. These qualities of hope embellish and expand its meaning.

Hope Studies

> "I guess the only thing I have to offer anybody I come across is my own experience. My own story, and my hope." (Nancy)

Research has demonstrated the role of hope in relation to other variables. Horton and Wallander's (2001) correlational study of 111 mothers of children suffering from severe and chronic disabilities found both hope and social support were associated negatively with psychological distress. Bland and Darlington's (2002) qualitative study with individuals who had mentally ill family members found that hopefulness appeared to be central to a family's ability to cope with the impact of mental illness. Sources of hope included family and friends, spiritual beliefs, help of professionals, and a positive attitude. Keen (2000) interviewed people who had made profound changes in their lives and found five overall hope themes including the following: a wish for life, being open to the possibilities of change, being aware of one's strengths and potential, choosing to refocus and reframe one's experiences, and understanding that life has meaning and value.

Richter's (1957) hope study with lab rats placed in water tanks found rats with no hope of escape died much sooner than rats who experienced brief moments of reprieve from their situation. Pruyser (1963) commented on Richter's findings by stating:

> And with the hope [gained by the rats], there is a new utilization of the organism's resources. I believe that even with the most judicious extrapolations from these animal studies, Richter's observation that one moment of escape from the water jar brought about hope illustrates a common experience in human hoping. One little ray of hope in a world of darkness is enough to invigorate some people. One moment of release from unbearable stress makes the world appear in a different image (p. 94).

Hope studies have expanded to also include the analysis of professionals and their hope (Itzhaky & Lipschitz-Elhawi, 2004; Westburg & Guindon, 2004). Jevne (1991) believed that helping patients have hope begins with professionals having and maintaining their own hope. Cutcliffe (2004) performed a study to determine if and how bereavement counsellors inspire hope in their clients. He found implicit projection of hope and hopefulness by the counsellor assisted in hope inspiration along with subcore variables of forging the connection and the relationship, facilitating a cathartic release, and experiencing a good (healthy) ending. Cutcliffe and Baker (2002) suggested a large part of hope inspiration lies in the connection between hope and caring.

> "Research into the inspiration of hope in terminally ill individuals, critically ill coronary care clients, older adults with cognitive impairments, bereaved clients and terminally ill oncology clients, highlights that the presence of another human being,

who demonstrates unconditional acceptance, tolerance and understanding…inspires hope" (p. 617).

They suggested the key processes of engagement are: forming a relationship (a human-human connection), conveying acceptance and tolerance, and hearing and understanding. These findings suggest that hope can be incited in others through caring relationships.

In summary, studies have suggested hope is a future orientated, multi-dimensional construct that contributes to individuals' well-being and ability to cope. It has been linked to the setting and attainment of goals and to the process of finding meaning. Hope appears to grow in the presence of authentic caring and assists in processes of change.

Social Support

"No man is an island." John Donne

Other studies have shown that positive, helpful relationships with others, who are non-professionals, have an impact on one's hope (Benzein & Saveman, 1998; Bland & Darlington, 2002; Provini & Everett, 2000). Edey and Jevne (2003) suggested that experiencing supportive relationships is one of the first steps in creating hope. Yet, after a traumatic loss, social challenges may arise as one questions his or her social identity (Amaya-Jackson et al., 1999). Social interaction can be difficult because the bereaved may experience a decrease in energy, feelings of being exposed, or guilt (Dyregrov et al., 2003). Those bereaved by suicide may engage in a self-protective strategy called "cocooning" as a way of processing the intense impact of the loss (Grant Kalischuk & Davies, 2001) Social and emotional pulling away can create a barrier to offers of social support (Dyregrov et al., 2003; Murray, Terry, Vance, Battistutta, & Connolly, 2000).

In a study by Dyregrov et al., (2003) of 232 parents who lost a child to suicide, SIDS, or accidents, self-isolation was by far the greatest predictor of psychosocial distress in all three samples. Provini and Everett's (2000) earlier study of 227 adults who lost a family member to suicide found four reasons for seeking support from family, friends, or professionals. They included family relationship concerns, stressor-related concerns, psychiatric concerns, and bereavement-related concerns. Family relationship concerns included problems such as the inability to maintain parenting roles and family routines, the inability to provide emotional support to each other, and having different coping styles within the family. Worry over paying bills and coping with physical illness were mentioned as stressor-related concerns and issues such as depression, anxiety, anger, guilt, and experiencing difficulty in going to work were mentioned under the category of psychiatric concerns. Bereavement-related concerns included processing the loss and expressing grief.

Consistent with previous research, Dyregrov (2004) suggested bereaved parents desire professional help in addition to their personal support networks. Professional assistance included early help that could be maintained over time with opportunities to learn about grief and meet others in similar situations. Help with surviving children was also a need, along with practical help, economic help, and help with legal issues. Dyregrov stressed the importance of providing services for those experiencing traumatic bereavement, such as the loss of a child by suicide, as access to appropriate services might not be as readily available as services for physical ailments.

Dyregrov (2004) suggested reasons for not seeking professional or personal network help included feeling it was not needed or experiencing satisfaction with current

or previous help; past help that was viewed as unsatisfactory was also stated as a reason for not seeking help. Additional barriers to receiving desired help included family disagreement about whether or not help was needed, language barriers, and having a lack of time, money or transportation.

A related study by Dyregrov (2003-2004) found that many bereaved parents experienced unhelpful social network encounters, termed "social ineptitude", due in part to the lack of social norms around the loss of a child. Three themes within social ineptitude were revealed: (1) expected support fails to appear (non-communication); (2) people suddenly withdraw from bereaved (abrupt communication); (3) unhelpful advice and support is given (unsuccessful communication). Dyregrov found "openness" was stated by most survivors (81%) as the best resource in coping with "unhelpful/lacking social support, hopelessness, and isolation" (p. 34). Other words or phrases used to describe openness included frankness, honesty, and directness in interaction with others.

Three areas of openness emerged: (1) telling the story; (2) informing others; (3) clarifying own needs. Telling the story allowed survivors to describe their personal experiences around the loss to their social networks; this was found to hold therapeutic value for survivors. Informing others was found helpful by survivors in making support networks aware of the loss/event, giving them (support networks) permission to discuss the loss with the bereaved. Clarifying own needs referred to survivors specifically telling support networks their needs (Dyregrov, 2003-2004).

Openness was an effective strategy for many parents in acquiring positive social support. Dyregrov (2003-2004) found that parents bereaved by suicide found openness more important that parents bereaved by SIDS or accidents. This may be because of an

additional stigma around suicide bereavement. Overall, social support is important in fostering hope amidst loss.

Spiritual Connection Fosters Hope

"Find rest, O my soul, in God alone; my hope comes from him" (Psalms 62:5)

The construct of spirituality is thought to be complex and multifaceted, as evidenced by a person's beliefs, behaviors, and experiences (Miller & Thoresen, 1999). Spirituality can include beliefs, attributions towards a higher power, philanthropy, coping behavior (e.g., prayer), coping resources (e.g., connection to nature), and meaning-making (e.g., spiritual reappraisal) (Gall et al., 2005; Marrone, 1999). Spiritual awareness may take the form of a philosophy which propels one to be "dedicated to a cause, such as humanity or relief of human suffering [or] a spiritual conception of the self as a link in the chain of evolution leading to a more perfect state of being" (Marrone, 1999, p. 496). For those with a secular or philanthropic orientation, spiritual benefits can be found in involvement with other "people, projects, causes, and personal ethical/spiritual values" (Marrone, 1999, p. 501).

Klass (1999) addressed the distinction between spirituality and religion. The "spiritual is mostly known in transitory present moments, while religion, rooted in the past, endures in social structures which take on a life of their own" (p. 16). However, Klass suggested that spirituality and religion can not be fully separated and instead are in constant interchange, each becoming sterile without the other. "When religious forms are taken too literally, they can become rigid and thus suffocate the spirit. But spiritual experiences without religious ideas, myths, or rituals tend to evaporate" (p. 17). Religious tradition and spiritual experience share three characteristics which demonstrate

their interconnectedness. First, they share a sense of connection with something beyond the self. The second characteristic includes an acceptance of a purpose, or higher order/intelligence with which to align our lives. Lastly, religion and spirituality share the quality of being in relationship or sharing a sense of bonding within a community of others (Klass, 1999).

Research has indicated hope can emerge out of a relationship to a higher power or connection to the Transcendent (Gall, Miguez de Renart, & Boonstra, 2000; Hasse, Britt, Coward, Leidy, & Penn, 1992; Marrone, 1999; McIntosh, Silver, & Wortman, 1993) as it is common for people to turn to their faith under stressful circumstances (Ganzevoort, 1998; Koenig, 1998). Prayer has been found effective in dealing with crises (McCullough & Larson, 1999) and connecting with nature may assist in coping with stress (Suzuki, 2002). Religious/spiritual communities can provide an important source of support and care (Koenig, McCullough, & Larson, 2001) and support/visits from clergy has been related to positive outcomes for those with illness and mental health issues (Heilman & Witzum, 2000; Holland et al., 1998; Konig, 1997). Weaver and Flannelly (2004) found that cancer patients who held spiritual beliefs in God where able to derive hope from those beliefs and were more likely to use an active coping style characterized by accepting their illness and adjusting to it in a positive and purposeful way. Klass (1999) suggested that psychospiritual transformation was an integral part of the healing process for bereaved parents. Parents bereaved by the loss of a child were forced to begin a spiritual quest.

Relationship with the Transcendent, or God, contributes to the coping process (Levin, 2001) especially when God is seen as loving, nurturing, available, protective, and

comforting (Johnson & Spilka, 1991). Gall et al. (2005) summed up previous research and suggested that:

> "Relationship with God can fulfill various functions, including the provision of comfort, social support, and a sense of belonging, the encouragement of inner strength and acceptance, empowerment, and control, the relief of emotional distress and specific fears (e.g., of death) and the creation of meaning" (p. 100).

Kirkpatrick and Shaver (1990) found that participants who experienced their relationship to God as secure had better outcomes on emotional/physical wellness measures. Belavich and Pargament (2002) suggested that type of attachment to God influences one's spiritual coping. Avoidant or anxious attachments contributed to less helpful religious coping. A negative relationship with God, in which he is viewed as punisher or withholder, could decrease one's coping ability causing greater problems to the stressful situation (Gall & Cornblat, 2002).

Gall et al., (2005) suggested that another aspect of spirituality is meaning-making. Park and Folkman (1997) defined global meaning as an individual's "basic goals and fundamental assumptions, beliefs, and expectations about the world" (p. 116). Meaning-making assists in reframing stressful events in one's life and "benefit-finding" has been connected with bereavement adjustment (Cohen, 2002; Davis, Nolen-Hoeksma, & Larsen, 1998; Gordon et al., 2002; Vickberg et al., 2001). Spiritual connection may assist the bereaved in cognitively assimilating the loss into already existing schemas. A belief in the afterlife is one of the most common religion-based assimilations (Marrone, 1999). If the loss of a loved one cannot be assimilated, the death may be the catalyst for cognitive upheaval in how sense is made of the world. The more sudden, shocking, and

unexpected the loss, the longer this process of restructuring can be (Marrone, 1999; Michael & Snyder, 2005). This may propel the bereaved to form new assumptions about themselves in the world without their loved ones. Spirituality may assist in reconnecting with religious beliefs, embarking on a spiritual quest, or getting involved in philanthropic work (Marrone, 1999). Spirituality may facilitate viewing hardships as an opportunity for growth, for closer relationships with others, or as a "wake up" call to assess the priorities in one's life (Gall et al., 2005). For circumstances and questions in life that do not appear to have a "reason" or answer "why?" spirituality might assist individuals by suggesting that some things are beyond human comprehension (Pargament, 1997).

Lastly, Park and Folkman (1997) suggested that there may be some events, such as victimization, that are too traumatic to fit into existing cognitive frameworks of the world. With such events, meaning-making becomes more difficult until fundamental belief systems are changed. Marrone (1999) suggested that in the end, "the ability to reascribe meaning to a changed world through spiritual transformation, religious conversion, or existential change may be more significant than the specific content by which that need is filled" (p. 495).

Hope and Belief

> "Although the world is full of suffering, it is also full of overcoming it." (Helen Keller)

Hope also seems to be intrinsically entwined with belief. For example, one might have hope because of a belief that life is worth living despite difficult experiences. The belief that life has a purpose or that positive things can come out of devastating circumstances might instil hope. Kalischuk and Hayes (2003-2004) in their research with

suicide bereaved families, suggested that believing may play an important role in healing because having the belief that healing is actually possible is a likely forerunner to healing.

Lopez, Snyder, and Pedrotti, (2003) examined hope to determine whether it is an emotion or a cognition. They described the hope process as being an interrelated system of goal-directed thinking that responds to emotionally laden feedback throughout goal pursuit. Wright, Watson, and Bell (1996) suggested that beliefs have an enormous effect on a client's hope, as beliefs make up a framework for thoughts, feelings, and behaviors. Beck (1991) theorized that beliefs affect behavior and that many psychological problems stem out of maladaptive beliefs. Hope can be either increased or decreased by personal beliefs, as well as by the beliefs of social networks and professionals (Cutcliffe, 2004).

In summary, hope, that quality that enables us to say "yes" to life, has been defined, theorized about, and studied thoroughly within the past four decades. It has been found to positively affect health, and the processes of healing and coping. Hope is a precious and powerful resource well worthy of research within the social sciences. A review of the research in the areas of suicide bereavement and loss follow in the next section.

Suicide Bereavement

> "Like the parents' journey toward healing, our journey toward understanding will happen only when we open ourselves to their pain" (Klass, 1999, p. 44).
>
> "I try to tell myself this is going to be a better [week], I'm going to take a deep breath and this week I'm really going to get on with it, but, it's just like walking through soft, wet mud. That's how it feels everyday" (Tammy).

Empirical examination and clinical observation suggest that adults who have lost a relative to suicide may face exceptionally difficult grief (Lathum & Prigerson, 2004;

Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004; Murphy, Johnson, & Lohan, 2004; Stroebe, van Son & Stroebe, 2000). These difficulties include wondering why the suicide happened, blaming oneself for the death, and stigmatization, leading to a lack of social support (Cvinar, 2005; Moore & Freeman, 1995; Sanders, 1999). Additionally, adult family members may blame each other for the suicide and avoid discussing the loss due to fear of being overwhelmed (Stroebe et al., 2000). Feelings of failure after a child's death by suicide may negatively affect parents' sense of identity and self worth (Thrift & Coyle, 2005). Parents may focus on the death and lack the energy, organization or motivation to parent other children attentively. Conversely, parents are often more protective of remaining children, at times becoming more child-focused and less spouse-focused after the death of a child (Thrift & Coyle, 2005; Rosenblatt, 2000). Family dynamics are also affected. "Day to day life in any family-family routines, communication, shared realities, times of anger and disappointment, and so on may be strongly influenced by bereavement, even for losses of decades ago (Rosenblatt, 2002, p. 125). Working to develop shared meanings of the loss becomes an important process within bereaved families as often members struggle with the different meanings that have been ascribed to the loss experience (Riches & Dawson, 2000). Other symptoms of suicidal loss may include depression (Constantino, Sekula, Lebish, & Buehner, 2002), guilt, Post Traumatic Stress Disorder (PTSD), and substance abuse (Neary, 2000).

Rando (1996) suggested that the death of a loved one can be especially stressful when the loss is unexpected, when there is evidence of intentional harm or body mutilation, or when the loss is of a child. Murphy et al., (1999) found that parents who lost children through homicide, accidents, or suicide reported symptoms of PTSD

including intrusive images of the death scene, and nightmares. Mothers (41%) were more likely to experience PTSD than fathers (14%). However, mothers became less symptomatic over time. Parents meeting PTSD criteria also reported higher rates of "depression, anxiety, hostility, more intense grief responses, lower self-esteem and self-efficacy, poorer coping strategies, less acceptance of the deaths, and less social support" (Murphy et al., 1999, p. 286). A prolonged lack of self-esteem and self-efficacy were noted as potentially leading to depression, hopelessness, and suicide ideation (Murphy et al., 1999). PTSD also affected parents' job performance: deep emotional turmoil, irregular sleep, and an inability to concentrate contribute to less effectiveness at work.

A study by Dyregrov et al., (2003) found that one-and-a half years after participants' sudden losses of children to suicide, SIDS, or accidents, sixty percent of parents (N=232) had high levels of psychological, social, and physical complaints as shown on the General Health Questionnaire, including: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. Fifty-two percent of parents showed high levels of post-traumatic distress which included unwanted thoughts and images (intrusion reactions), strong anxiety and negative emotional reactions (arousal reactions), and denial of the event and its consequences (avoidance reactions). Seventy-four percent of all the parents in the study scored above recommended cut off levels for complicated grief reactions as determined by the Inventory of Complicated Grief (ICG).

Breslau et al. (1998) examined types of trauma as predictors of PTSD within a sample of adults aged 18 – 45. The sudden unexpected death of a loved one was most often reported as precipitating the onset of PTSD among participants. These data suggest

that losing a loved one has psychological, social, emotional, and physical repercussions for those left behind.

Theory

Much research has been conducted to understand the experiences of the bereaved by suicide (Clark and Goldney, 2000; Stroebe, Hansson, Stroebe, & Schut, 2001; van der Wal, 1989; Van Dongen, 1993; & Wertheimer, 2001). Davies (2004) meta-analysis on the theoretical underpinnings of parental grief suggested that Freud first developed the concept of "grief work". This "work" included moving through a process towards detachment, or a severing of ties, from the individual who died. Lindemann (1944) embraced a similar theoretical position and suggested that loss be confronted towards a resolution of grief and the building of new relationships. Unresolved grief was identified as an inability to reach the last task of grieving, breaking bonds with the deceased. Bowlby (1961) built on Freud and Lindemann's work and developed stages one could expect to experience when grieving. These included yearning and searching, disorganization and despair, and a greater or lesser degree of reorganization. Parkes (1970) collaborated with Bowlby to add another stage, the initial stage of numbness. Both Bowlby and Parkes followed the psychoanalytic tradition pioneered by Freud, suggesting successful grief resolution included acceptance of the loss and breaking emotional ties with the deceased.

Elizabeth Kubler-Ross (1969) contributed to the field of bereavement and thanatology (the study of death and dying) by developing another theory on different "stages of grief". According to her seminal book, *On Death and Dying*, these stages included denial, anger, bargaining, depression and acceptance. Although the "stages"

theories of grief have been criticized for being too rigid, for defining a set chronological pattern of grieving, and for insinuating that one "gets over" a loss, the stages of grief set out by Bowlby and Kubler-Ross have greatly influenced bereavement counselling and support.

Rando (1986) suggested that the criterion for normal resolution of grief, detachment from the deceased, was not realistic for parental grieving. Worden (1991) made changes to his four task model of mourning and suggested counsellors no longer help the bereaved relinquish their relationship with the deceased, but instead assist clients in finding a place for the deceased in their emotional lives. Klass (1993a, 1993b) emphasized the concept of continual bonds between parents and their deceased children. He noticed that when parents talked and shared stories of their deceased children it elicited a process that assisted in meaningfully reconstructing their relationships to them within their inner and social worlds. A variety of methods were used to support the bond the bereaved had with their children including linking objects (child's possessions, photographs), spiritual devotions, and rituals that assisted in keeping the child's memory alive. Talbot (2002) interviewed 80 bereaved mothers and found that maintaining a connection with the deceased child was a factor in their healing. Mothers found activities such as writing their children's biographies, writing poetry, establishing monetary memorials, lighting a candle, and saying prayers as helpful in staying connected to their children. Rosenblatt (2000) found that parents stayed connected to their deceased children through talking about them in their social realms and by continuing to talk to them. The idea that grief is never completely finished validates each individual's strong bonds, feelings, memories,

and attachments to those deceased long after they have passed away (Klass, 1999; Rosenblatt, 1983; Sittser, 1995).

The concept of controlling emotions or "taking a break" from grief has also been presented in bereavement literature; it differs from the grief work theories that suggested continually facing and accepting the reality of the loss. Rosenblatt (1983) noticed that those bereaved might act inconsistently with their feelings, avoid reminders of the deceased, or minimize the loss for periods of time. This reprieve from grief work may allow a relocation of energy from grieving to other tasks, provide a fresh perspective, or "heal wounds that are being rasped too painfully in the struggle" (Rosenblatt, 1983, p. 153).

Stroebe (2002) and her colleagues formulated a model of adaptive coping with bereavement called the Dual Process Model (DPM) (Stroebe & Schut, 1999). The model describes two types of stressors faced by the bereaved. One is loss-orientated and includes focusing on the deceased, death events and dwelling on the loss. The second is restoration-orientated and includes, for example, dealing with secondary stressors such as finances and learning to run the household. Within the model, these two areas need to be dealt with, producing a confrontation and avoidance of both stressors. "Healthy adaptation requires oscillation between these stressors … given the exhausting impact of confronting hefty emotions, a balance is necessary" (p. 134). Instead of just "grief work," a dynamic coping process is proposed of moving between confronting the loss (grief work) and dealing with other changes since the loss (practical based). Taking "time out" from either loss or practical/task orientated work was also suggested.

Lastly, Michael and Snyder (2005) have suggested that finding meaning (or making-meaning) is an important component in the process of grieving. Finding meaning in the loss experience can be hindered by rumination, dwelling on "negative emotions and what these negative emotions mean without getting any closer to finding a solution that lessons these feelings" (p. 436). Instead, they suggested finding meaning through processing the loss which consists of "productive repetitive thought focused on resolution of discrepancies between cognitive models of the world pre-death and new information derived from the experience of the death" (p. 437).

Finding meaning within the experience of loss has been broken down into three categories: sense-making, benefit finding, and identity reconstruction (Neimeyer & Anderson, 2002). Making sense of the loss is the attempt at answering the question "why" within the framework of one's worldview. This may include the adoption of parts of a new worldview in order to assimilate the death and life without the loved one. Benefit finding involves noticing something of worth or value that has occurred because of the loss experience and identity reconstruction is the process of building one's biography or story to integrate the loss into a personal history that involves constructing a new sense of self after the loss. Finding meaning is an important aspect within bereavement theories.

Complicated Grief - Traumatic Grief

For the sake of clarity and simplicity, complicated and traumatic grief will be addressed as comparable concepts, and used interchangeably. At a fundamental level the concepts do differ slightly from each other (Horowitz et al., 1997; Prigerson et al., 1999); however, the overall sense behind each concept is similar.

The idea of complicated grief involves survivors facing additional challenges and obstacles within their grief and mourning processes that prolong and complicate working through their losses. This category or type of grief has added complexity, controversy, and even confusion to the already diverse area of bereavement study. When examining the notion of complicated grief, questions arise as to its validity within bereavement research. What is normal, non-complicated grief? What is complicated grief? How can one tell the difference?

Therese Rando (1993) identified 37 factors that combine to influence a person's unique grief and mourning responses to the death of a loved one. However, Rando also suggested that when a death is sudden and/or unanticipated, the experience is so traumatic that it can over-ride other influencing factors in grief and mourning responses, at least temporarily. This is because the unexpected death results in a psychological blow so strong that it results in personal traumatization. Therefore, Rando proposes that bereavement interventions for unexpected, sudden deaths must do two things. First, they must involve mastery of the individual's trauma. And second, they must focus on dealing with the actual loss. This type of grief can be termed complicated grief because of the traumatization to the mourner.

Complicated grief or the traumatization aspect of unanticipated loss brings additional problematic grief responses including: a lessened capacity to cope, a shattering of one's assumptive world, a senselessness to the loss, the loss of security and confidence in the world, shock, and posttraumatic stress responses. Complicated grief can manifest as separation distress from the deceased (yearning, searching for deceased), traumatic distress (intrusive thoughts of the deceased, numbness, disbelief, a fragmented sense of

security and trust), and significant impairment in social/occupational functioning (Jacobs et al., 2000).

Complex issues arise because of the failure to anticipate a loved one's death. These include such aspects as not being able to say goodbye, experiencing disbelief about the loss, and only highlighting what was happening at the time of death (Rando, 1996). An intense search for meaning and feeling the need to take responsibility, attribute blame, and deal out punishment may also result from an unexpected loss (Rando). Complicated grief symptoms are associated with poorer health conditions, suicide ideation, and less responsiveness to interpersonal psychotherapy and tricyclic antidepressants (Reynolds et al., 1999).

Cutcliffe (2004) suggested that complicated loss differs from uncomplicated loss in that those experiencing it require "specialist" services.

> "It is evidenced by the individual's inability to go back to his or her pre-bereavement emotional well being or functioning. The relevant theoretical and empirical literature is consistent in pointing out that in complicated grief reactions there is a sense of the person becoming stuck, unable to progress" (p. 171).

Parkes (1996) found from reviewing many studies that unexpected/untimely deaths are predictors for poor outcomes following bereavement, particularly if the loss is associated with violence or the witnessing of an alarming event. Other predictors of complicated bereavement include additional adverse life experiences in the time around the death (dealing with concurrent severe stressors). Examples might include facing a serious illness, losing another loved one, or serious financial stress. Additional predictors include the nature of the survivor's relationship to person who died, and the capacity of

social networks to offer support. Preexisting psychiatric vulnerability, and past adverse life experiences that have not been resolved, such as the death of a parent in childhood, may also affect current bereavement responses (Raphael, Minkov, & Dobson, 2001) Those with normal grief/uncomplicated grief often experience extreme pain but move toward an acceptance of the loss. They demonstrate an ability to carry on with life, and feel life still holds meaning and the possibility for fulfillment. Regular bereavement is typified by an ability to maintain trust in others, maintain a sense of identity, and demonstrate a willingness and ability to reinvest in relationships and activities.

Complicated/traumatic grief is a growing area of research within bereavement literature. Questions still exist as to what causes complicated grief reactions and how many people are affected within the suicide bereaved population. Complicated grief speaks to the complex nature of suicide bereavement, and although it is a relatively new theory that requires further exploration and clarity, it serves to validate the vast array of responses bereaved parents experience and strongly advocates for professional support and intervention after significant loss.

Grief and Mourning

> "Resolving grief takes place within reciprocal interactions between the bereaved parent and the communities of which they are a part" (Klass, 1999, p. 52).

What is mourning within bereavement literature? How does it differ from grief and why is it important? Bereavement researcher and psychologist Allen Wolfelt emphasized the difference between grief and mourning. Grief,

> "is the constellation of internal thoughts and feelings we have when someone loved dies. Grief is the container for our experience of loss. This container is stored

within us. Mourning is the outward expression of grief. It's taking our feelings of grief and gives them expression outside of ourselves. Everyone grieves when someone loved dies but if we are to integrate the loss into our lives, we must also mourn" (Wolfelt, 2005, General Principles 3).

An example of mourning could be attending a funeral or memorial service for the loved one who has died, or planting a tree in his or her memory. Through this type of experience, the significance of the loss is recognized. For example, Wong (2004) states that by attending a funeral or memorial service, the burden of grief is lightened, and the significance of the loss is recognized. "Mourning serves the adaptive function of extending comfort to each other. The outpouring of collective grief can be a powerful source of comfort to the bereaved because it conveys the message that the deceased has not lived and died in vain" (Wong, 2004, p. 1). Without the acknowledgement that public mourning allows, grief may become more complicated and prolonged (Wong, 2004).

Marrone (1999) suggested that the process of reassigning meaning after a loss may be more important than the actual specific ways meaning is discovered. This process usually includes cognitive restructuring, emotional expression, psychological reintegration, and psycho-spiritual transformation. Mourning allows the intrapersonal process of grieving a loss to be expressed interpersonally within one's social world (Klass, 1999). It acknowledges the life of the deceased and the fact that he or she is no longer present; it validates the losses of the bereaved left behind and facilitates meaningful outward expression of loss for the bereaved. Mourning is deeply important

because it allows one to reconstruct his or her relationship to the deceased in a meaningful way within a social context.

Disenfranchised Grief

> The love of our neighbor in all its fullness
> simply means being able to say to him,
> "What are you going through?"
> (Simone Weil)

Another factor within the study of suicide bereavement is the concept of disenfranchised grief. Doka (1989) described disenfranchised grief as grief that is not acknowledged openly by others, socially validated or publicly mourned. It is not having the right to grieve. Attig (2004) elaborated on this right to grieve. He stated that it is not a legislated right, like the right to vote (franchise), but it is a human right, a matter of human dignity and respect for our human condition and the attachments that we form as a result. He likened this right to an entitlement to do or experience something (for example, to worship, speak one's mind, have privacy) without interference from others (2004).

Doka (2002) presented five elements of bereavement that can be disenfranchised. One of the five is the circumstance by which the death occurred. Disenfranchisement may take place if either the bereaved is inhibited from acquiring support, or if the offering of support by others is inhibited because of the nature of the death. Death by suicide has been included as a type of death around which support may be inhibited (Doka, 2002). Because the nature of death by suicide is complex, confusing, and may carry an attached stigma, those bereaved by suicide may find it difficult to reach out for support, and others may be prevented from offering support. Therefore a lack of

acknowledgement around the death or fewer opportunities to mourn the suicide with others may contribute to a disenfranchised grief for the bereaved person.

The Normlessness of Mourning

> "I really thank-you for the opportunity, and again, it's another way that we can mourn our kids. So I always am very grateful for people in university to pick our brains and to get information, because it's another way to honor our kids" (Nancy).

Studies have shown that those bereaved by suicide might not know how they are to behave in social settings following their losses (Dunn & Morrish-Vidners, 1987; Van Dongen, 1990) as a result of an absence of social norms for suicide bereavement identified as normlessness. They suggest that the loneliness and social isolation which often accompany suicide bereavement may in part be due to problematic societal attitudes towards death, stigma surrounding suicide, and a lack of socially acceptable outlets for bereavement (Attig, 2004; Bailley et al., 1999; Corr, 2002).

In Kalischuk and Hayes (2003-2004), participants bereaved by the suicide of a family member found that a great deal of "negativity" entered their lives after the suicide, causing enormous pain. It was mentioned that a major portion of this negativity came from isolation and the silence that surrounds suicide within society. Survivors struggled to speak about their pain, especially with those outside of the family unit. However, one-third of these participants identified talking openly about their experiences with suicide, especially within the public arena, helpful in their personal journeys towards healing.

The Loss

When Iris Bolton heard that her son Mitch had shot himself she felt "like an empty husk, drained of substance." (1984, p. 6). The intensity of the death of a child by suicide is hard to describe in words and is unique to each parent. However, some common

feelings Bolton mentioned include shock, denial, bargaining, guilt, anger, depression, and even relief that her son was no longer suffering. Another element of grief parents may experience is "isolated desperation", a feeling of being positioned into a dark corner without hope. Parents may even begin to feel suicidal themselves.

As Rando (1986) suggested, it is only in the parental role that there are such expectations to be "all-loving, all-good, all-concerned, totally selfless, and motivated only by the child's welfare" (p. 9). Although these are unrealistic, parents often internalize these desires and standards. Therefore, when a child dies by suicide, there are often intense and overwhelming feelings of guilt for not seeing the signs, for not acting, for not saving their child. Parents may also feel guilty about their feelings of anger toward the world, the situation, and their child, as well as their anger because previous expectations can no longer be met (Rando, 1986).

Bolton (1986) felt overwhelmed by a sense of guilt and responsibility for Mitch's death. She concluded,

> "I struggled with guilt - what had I done or not done that I should have or should not have? I finally realized that I gave my son my humanness…my positives and negatives. What he did with that was his responsibility…not mine. I could give him total responsibility for his actions, I could let the guilt and anger go. I could experience a sense of relief for the end to his pain and suffering. A sense of peace" (Bolton, 1986, p. 64).

Another reaction parents might experience is fear and anxiety. The variety and intensity of the feelings are usually enough to make parents wonder if they are losing their minds. These reactions are so "different, uncontrollable, unexpected, and severe

that a majority of parents believe that they have actually lost touch with reality" (Rando, 1986, p. 14). The ambiguity of knowing how to act or feel within society after such a loss also increases anxiety. The strong sensation of being out of control, and concerns about being able to deal with the separation and pain, worry over the family that is still alive, and vulnerability from the loss, all intensify the anxiety within the grief process (Rando).

Acute feelings of separation and longing for the child may also be reactions to this kind of loss. Additional feelings include deprivation, anguish, and sadness. "Mothers may feel the physical emptiness that characterizes their inability to embrace their child" (Rando, 1986, p. 17). Rando suggested some of the parent in fact dies along with the child, and grieving takes place not only for the lost child, but for the parent as well. She states, "The yearning, aching, and pining that accompany the separation from one's offspring are unparalleled in magnitude and urgency. Sometimes these feelings are experienced physically, as well as psychologically—a gut-wrenching, gnawing emptiness that needs to be filled, or sharp, intense pangs of grief that cut deeply into the heart" (p. 17).

Along with emotional and physical responses, the cognitive processes of "Why?" a child committed suicide are also a common experience. Bolton writes,

> "For a long time I was obsessed with why Mitch had ended his life. I thought that I needed to discover the real cause of his hopelessness. I studied and analyzed what I believed to be his suicide note...Finally, I perceived that a death by suicide is the result of factors too numerous to count…Even the most experienced and astute investigators are finally forced to make at best what is only an educated guess"

(1986, p. 35).

Bolton (1986) concluded, however, that it is important to ask the question "Why?" She believed it important to worry about "why" and to think about it until "one finally exhausts possibility after possibility and ultimately one tires of the fruitless search. Then it is time to let it go and to start healing" (p. 35).

The enormity of going through such an experience is evident from the stories of those who have journeyed this road. Many honest and open books have been written that serve as proof that such as experience can be survived and meaningfully integrated. A "new" normal can be achieved. However, the loss remains and one is not the same person after such an experience. Groups such as *The Compassionate Friends* support members through parental loss; bereavement services and suicide support groups seek to provide a safe shelter for healing. However, it is not an easy process as people enter deeper and deeper into their grief to come out the other side. It typically takes at least two to five years to integrate the loss into a "new normal" way of being and with complicated grief it can take longer (T. King, personal communication, 22 February, 2006).

Interestingly, Bolton adds the stage of "hope" to the stages of grief she experienced. "Hope treads lightly at first, but as time passes its steps become firmer" (1984, p. 11). For Bolton, hope came in the form of cards and cheering letters from friends that said "You can do it." Bolton writes "How greatly a bereaved mother needs friends to help create hope" (1984, p. 11).

Rays of Hope

"What oxygen is to the lungs, such is hope to the meaning of life" (Emil Brunner).

"I think some people suffer so others can learn" (Kathy).

Since Frankl (1959) survived Nazi concentration camps and wrote his landmark book *Man's Search for Meaning*, the idea of making meaning out of loss has been empirically studied and documented. Frankl suggested meaning is captured in responding to present life demands, finding and dedicating oneself to his/her unique task in life, and by trusting in an ultimate meaning which may or may not be called God. In Aboriginal philosophy, healing is viewed as a transition towards meaning, wholeness, connectedness, and balance (Katz & St. Denis, 1986). Nolen-Hoeksema & Davis (2001) in their work with bereaved individuals of terminal illnesses, make a distinction between two notions of meaning, making sense of a loss and finding benefit in the experience with loss. They suggest that both may facilitate the process of growth or positive transformation and are often imperative to the bereaved person's ability to cope. The reason that meaning-making is important in the process of adjustment to loss and trauma is that it helps to maintain two aspects of the self that are often the most in jeopardy after loss, one's fundamental views and beliefs about how the world works, and one's sense of self-worth and value (Nolen-Hoeksema & Davis, 2001).

Making meaning of a loss seems to require a fit between the characteristics of the loss and the worldview of those left behind. For example, it is often easier to make meaning of the death of a loved one who is very old than of a child because it is expected that older people will die before children. With deaths that seem "meaningless" or "senseless" one option for coping is to focus on what benefit or growth can be obtained

from the loss. In Nolen-Hoeksema & Davis's study (2001) the most common benefits mentioned were a growth in character, a gain in perspective, and a strengthening of relationships.

Frantz, Farrell, and Trolley (2001) interviewed 400 people who had lost a loved one about one year prior and found that survivors could experience a positive outcome after the loss. This included families drawing closer together, feeling stronger, functioning more independently, and being more in tune with life priorities. These findings were echoed by Kalischuk and Hayes (2003-2004) who interviewed survivors of youth suicide who had experienced some form of healing after their losses; they found that grieving, mourning, and healing were related, dynamic, seamless processes that influenced each person's journey toward wholeness. About half of the survivors found meaning in the belief that death occurs for a reason. Other healing strategies included activities such as sweat ceremonies, talking circles, prayer, meditation, and participation in rituals. Creating a healing environment, burning a candle, and living "one breath at a time" were stated as being helpful, and memories from treasured mementos and reviewing photo albums were found to be healing. Other participants mentioned writing, composing poetry, creating art, using humor appropriately, playing music, and reading as beneficial. Seeking informal and professional help, and conducting/participating in suicide-related research were also mentioned (Kalishuk & Hayes, 2003-2004). These strategies worked to validate the life of the deceased and maintain a healthy bond with him or her. Survivors were able to connect with others and life again (although from a new perspective) and funnel their energy towards areas in their own lives that they could

change. They learned about themselves from the loss experience and were able to reach out to others in similar situations.

Most survivors in Kalishuk and Haye's (2003-2004) study were able to let go of the negative impact of the suicide by making three key decisions. First, they validated their own experience as being different than that of the youth that completed suicide. As one participant recalled, "It was really interesting how I had to separate his actions and behaviors from my reality, and not even go there because there is no way that I could ever know what he felt or experienced (Mike, father)" (p. 59). Second, they released themselves from being responsible for the suicide. And third, they made a decision to move towards healing (Kalishuk and Hayes, 2003-2004).

In summary, this literature review seeks to create a backdrop to the present study on hope and suicide bereavement. To date, hope has been identified as a factor in the ability to cope and persevere through adversity. The field of suicide bereavement has developed as a well-studied area of research within the last 30 years and information seeks to understand the experiences of those bereaved each year. The purpose of this study is to examine the core qualities and nature of hope within the lived experience of women bereaved by the suicides of their children. To refresh, the research question is, What does hope mean for mothers following the loss of a child/children to suicide? The following chapter will cover the methodology that guided this study, the method including how the data were collected and analyzed, validity and reliability concerns, as well as ethical considerations.

CHAPTER THREE

Method

Interpretive Qualitative Approach

The question asked in this research study is best approached from a qualitative perspective. This allows for the phenomenon to be understood from the participants' perspectives, and permits the meaning participants derive from their circumstances to emerge. Merriam (2002) suggested

> "The key to understanding qualitative research lies with the idea that meaning is socially constructed by individuals in interaction with the world. The world, or reality, is not the fixed, single, agreed upon, or measurable phenomenon that it is assumed to be in positivist, quantitative research. Instead, there are multiple constructions and interpretations of reality that are in flux and that change over time" (p. 3).

This study is designed to increase the understanding of participants' current interpretations of hope after the loss of one or more children to suicide. In other words, the researcher seeks to understand how participants make meaning of their experiences. Qualitative research allows meaning to unfold through the researcher, who is the main instrument of data collection and analysis. This is advantageous as humans are responsive, adaptive, and can clarify and check for accuracy of interpretation in understanding a phenomenon (Merriam 2002). Qualitative research is also inductive, allowing the researcher to derive concepts or theories from collected data. The product of qualitative inquiry involves rich descriptions of the phenomenon, explaining what life is like for participants within a certain setting.

Basic interpretive studies are based on underlying ideas from constructionism, phenomenology, and symbolic interactionism (Merriam, 2002). Constructionism offers the idea that meaning is not discovered, but constructed by people as they interact with the world they are interpreting. Phenomenology suggests that experiences are interpreted from the perspective of the meaning they hold for people. Symbolic interactionism focuses on people constructing meaning of their experiences as they interact with others within society.

Using the basic interpretive inquiry method, the researcher seeks to understand how participants constructed meaning of their worlds after the loss of one or more children to suicide and to describe and analyze themes around participants' hope. Interviewing participants, while bracketing personal presumptions about the topic, let the "data to speak for itself" allowing for documentation, exploration, and interpretation of the lived experiences of hope (Merriam, 2002). Rich, descriptive accounts have been used to present findings and a discussion of the results follows using references to the literature that framed the study to begin with (Merriam, 2002). This is important as without prior theory "qualitative results would be without structure, without application, and would be disconnected from the greater body of knowledge" (Morse & Field, 1995, p. 128).

Method

Participants

Participants were contacted through a support program for suicide bereavement. Potential participants received a letter in the mail from the director of the support agency explaining the purpose of the study and were invited to be involved if they so desired (See Appendix A for a copy of the form). Potential participants made the initial contact

with the researcher and interview appointments were arranged. Criteria for involvement in the study included being a mother who had lost a child to suicide at least six months previous to the interviews. The criteria suggesting mothers are at least six months bereaved was based on a two-fold reasoning. First, it was not deemed to be in the best interest of participants to be interviewing them shortly after their losses due to the possibility they might become overwhelmed. Second, "shock" is one of the stages of grief that may follow a loss to suicide. Since the data collection process required a "telling" of one's story and experience with hope, it was decided that participants who were not in shock would best fit this process.

The participants in this research were a Caucasian 57 year old mother who lost her 16 year old daughter to suicide, a Caucasian 50 year old mother who lost her 15 year old son to suicide, and a Caucasian 49 year old mother who lost her eldest son to suicide at age 17 and her second son to suicide, also at 17 years of age. The length of time since the suicides ranged between eight months and 13 years.

Data Collection

Data for this research project were obtained through semi-structured audiotaped interviews of two to three hours in duration. Interviews took place in the Education Clinic at the University of Alberta. The voluntary nature of participation in the research was explained both verbally and through an information letter. Research issues including confidentiality and permission to withdraw from the study were explained and an informed consent form was signed (See Appendix B for a copy of the form). Participants were also advised that a follow-up interview by telephone might also be necessary to clarify themes obtained from the first interview.

Each participant was invited to share her story of losing a child or children to suicide and to begin wherever comfortable; participants were also asked to share their personal experiences of hope. When interviewing the participant who had lost two sons by suicide, an additional question focused on the comparison and contrast of both experiences. The interview format allowed the participants to tell their stories in their own language with limited direction or input from the researcher. Active listening skills such as paraphrasing were used by the researcher to clarify themes and communicate to the participant that she was being heard and understood.

Upon completion of the interview, participants were invited to call or email parts of their stories they remembered later and thought would be important to add. Because telling one's story can be difficult, the researcher checked with each participant at the end of the interviews to determine if she required external support. Each participant indicated they had supports in place.

Tapes were labeled with an interview number and the participant's number shortly after recording (Morse & Field, 1995). There was no link between participants' names on the consent forms and participation numbers. Tapes were kept in a secure place to protect the confidentiality of participants.

Data Analysis

Data analysis was done simultaneously with data collection in qualitative research (Merriam, 2002). Data are analyzed by the researcher after the initial interview which allows for adjustments to the process.

> "…Data analysis is essentially an inductive strategy. One begins with a unit of data (any meaningful word, phrase, narrative, etc.) and compares it to another unit of

data, and so on, all the while looking for common patterns across the data. These patterns are given names (codes) and are refined and adjusted as the analysis proceeds" (Merriam, 2002, p. 14).

Upon completion of the first interview, the researcher began to form mental conceptualizations of hope within maternal suicide bereavement. This continued with each subsequent interview and throughout the transcribing process. Doing the majority of the transcribing allowed the researcher to ensure the accuracy of the transcripts and allowed for close proximity to the data. Immersion in the data produced further conceptualizations of hope. Some assistance was received in transcribing the tapes, at which time the confidential nature of the data was discussed and a confidentiality agreement was signed (Morse & Field, 1995). Names of participants and identifying information were changed as tapes were transcribed. Hardcopies of the transcripts were printed and filed.

A modified thematic analysis process was used to analyze data transcripts (Boyatzis, 1998). Thematic analysis is a process used to sort interview data into codes comprised of manifest or latent level themes. A theme is described as a pattern found inductively from the data (data driven) that describes and/or interprets aspects of the phenomenon (Boyatzis, 1998).

Transcribed interviews were read numerous times to allow the researcher to become familiar with the stories and interpretations of the participants. Intraparticipant microanalysis or line by line analysis was performed for each transcript (Morse & Field, 1995). The relevance of each statement and how it contributed to answering the research question was contemplated. The overall meanings of participant's expressions were

captured using a theme that was placed in the margin next to the related text. As themes emerged, excerpts within each transcript that related to the participant's hope were highlighted and these statements were clustered together into codes based on common themes. Subsequently, transcripts were compared for common themes of hope (Merriam, 2002). A composite of common hope codes emerged across participants; each code was given a short title that best described that particular category. Discrepancies found between core elements/themes and obtained conversations with participants led to a revisitation of the analysis (Morse and Field, 1995).

Once themes where categorized and titled, further analysis took place to examine sub-themes within coded categories. Two out of the three categories were broken down into sub-themes that further described the meaning of hope to participants. A second dialogue was held with each participant to ensure accuracy of identified themes. Short summaries of each participant's story were developed that incorporated themes of hope. Pseudonyms were used and some personal information was changed to protect their privacy. These stories were presented to the participants for review. The researcher did not assume the role of "knower", informing the participants that "this is how it is", but rather facilitated the inductive nature of the research by inviting the participants to provide feedback and validation of the interpretation of their stories (Cutcliffe, 2002). This allowed the document to have meaning and resonance for both the researcher and participants (Cutcliffe).

Categories and themes of hope were presented as a combination of descriptions (quotes from participants) and analysis resulting in recurring patterns across the data (Merriam, 1998). After categories of themes and sub-themes emerged, the researcher

revisited the hope and suicide bereavement literature in order to place findings within a context of prior research.

Validity and Reliability

Validity and reliability are constructs that ensure "the study was conducted in a rigorous, systematic, and ethical manner, such that the results can be trusted" (Merriam, 2002, p. 24). Bracketing, the close examination of the researcher's own biases to the phenomenon, "allows the experience of the phenomenon to be explained in terms of its own intrinsic system of meaning, not one imposed on it from without" (Merriam, 2002, p. 94). Through bracketing, the researcher's personal assumptions, perspectives, beliefs, and biases are acknowledged, separated, and set aside. This reduces the chance of the researcher placing personal assumptions upon the interpretation of the participants' narratives. It allows for the illumination and understanding of another person's experiences, and a new perspective emerges (Van Manen, 1990).

Member checks, inviting participants to comment on researcher interpretations of the data, was another way of ensuring internal validity (Merriam, 2002). Participants were asked to comment on the accuracy of data interpretations and to make suggestions that ensured the truthfulness of the study.

According to Maxwell (1992), interpretive validity refers to the thoughts, beliefs, concerns, feelings, and intentions of the participants involved in the study. The main idea is that from the participant's vantage point, the account is correct. Interpretive accounts need to remain in the language of the participants involved, using their words and concepts. This is achieved by bracketing, an audit trail (documentation of the

researcher's decisions, choices, and insights), and communication with the participants to ensure the accuracy of the researcher's interpretations.

Theoretical validity implies that the theory-based constructions derived from the data are accurate. The derived themes and concepts from the study were looked at within the context of the study and within the current theoretical perspectives about hope and suicide bereavement (Maxwell, 1992).

Reliability is the quality a study has when it is able to be duplicated with similar results. In the current study, reliability was determined through the use of similar method and analysis of each participant's story. The differences in participant's stories are not a threat to reliability but simply reflect the perspective of each participant (Maxwell, 1992).

Ethical Issues

The proposal for this research project was submitted to the University of Alberta's Research Ethics Board to assist in ensuring no harm would befall the participants in the study. Additional ethical safeguards were put in place, including having each participant read and sign an informed consent form. This form explained the nature of the research, confidentiality, participant rights (including the strictly voluntary nature of the research and the right to withdraw at anytime), and potential risks (See Appendix B).

CHAPTER FOUR

BACKGROUND TO EXPERIENCES

Short summaries of each participant's story have been included on the following pages to provide the background through which the experiences of loss and hope may unfold. Information for these short stories was chosen based on its pertinence to the lived experiences of each participant in relation to suicide bereavement and hope. An effort was made to preserve the language, time, context, and content of each story, reflecting the "spirit" of the original interview text. These stories were presented to the participants for review to ensure the accuracy of the content. Pseudonyms were used and some personal information was changed to protect their privacy.

NANCY

Nancy is a 57 year old woman who lives in a small town in Western Canada with her husband and 25 year old daughter Trisha. She presents as an open, honest, thoughtful person with deep insights into her journey after her 16 year old daughter Alicia's suicide in 1992. Nancy's story is comprised of insights around her past history, spiritual beliefs and the reawakening of hope after Alicia's death.

Nancy explained that she believes her past history played a large part in Alicia's death. She experienced an unsafe environment growing up that included sexual/physical abuse and neglect. Nancy became accustomed to hiding her feelings and avoided discussing the circumstances of her youth. She believes she entered into marriage and parenthood with these unresolved issues and used anger as her main mode of coping.

Nancy first entered counselling with her daughters in November of 1991 after Alicia attempted suicide at 15 years of age. One of the major issues identified within the

family was the intensity and frequency of Nancy's anger toward the children. Nancy realized she was carrying a lot of shame from her past and guilt around the death of her first child at birth. She internalized the abuse she received in childhood, believing she was a bad person and her baby's death was a punishment for her past. When Alicia completed suicide, she viewed this as the ultimate punishment and her negative beliefs about herself were reinforced.

After Alicia's completion, Nancy experienced support as well as isolation. She received support through Victim Services, yet often felt alienated and alone and was unable to find an ongoing support group within her community. In retrospect, Nancy believed she needed an advocate to help her deal with individuals whom she considered partially responsible for Alicia's death. What Nancy did find useful was a job that allowed her long periods of no contact with others. This gave her much needed privacy to cry and grieve Alicia's death while still providing a daily routine and some connection with people.

Nancy's spiritual beliefs began to grow when, nine months after Alicia's completion, she started attending Overeaters Anonymous meetings and learning the Twelve steps program. Subsequently, she was invited to attend several Alcoholics Anonymous functions and retreats. At one such retreat, facilitated by a priest, Nancy was introduced to the idea of rituals such as confession. She learned about rituals as being a pathway and a source of consistency for those journeying through grief, a metaphor that was meaningful for her after Alicia's death.

Around this time, Nancy recalled her earliest experience of hope after Alicia's death by suicide. She awoke one morning to discover that "things had shifted for her".

She recognized herself as feeling like she had prior to Alicia's suicide. Knowing that this brief moment would not last, Nancy went out for coffee with an acquaintance to share the moment and described the experience in her journal. This occurrence was significant because it was Nancy's first ray of hope that she would be able to recover.

Nancy's recovery continued as she was able to join a support group in a neighboring city. She also joined Victim Services as a volunteer hoping to help other people experiencing crisis. She was asked to sit on a city agency board, initially intimidating to her because she did not feel significant enough for a board position. However, appointments with her therapist around this time assisted Nancy in realizing her value and taking the board position caused her self-confidence to grow.

Yet Nancy faced continual challenges that affected her hope. Her past issues with anger surfaced as she witnessed her second daughter Tricia drop out of school and struggle with thoughts of suicide. Nancy felt she and her husband could not meet Trisha's emotional needs because of their own intense grief. She had reoccurring concerns about Trisha's treatment by a teacher at school and struggled with doctors and the medical system to eventually get Trisha admitted into hospital. In retrospect, she realized her angry reactions to Trisha's suicide attempts came from overwhelming feelings of helpless and fear around losing another daughter.

In 1997, five years after Alicia's completion, Nancy attended two conference presentations that contributed significantly to her hope. The first presentation was on adolescent self harm. A professor gave a presentation on the treatment of students within the school system. Nancy cried throughout the presentation and was impacted so greatly that she asked him how she could get his message into her children's schools. The

professor put his arm around Nancy and said he would be there in the fall. This experience validated Nancy's firm views concerning the importance of supportive school environments.

At the second conference, a professor presented the phenomenon of suicide as a type of murder, self-murder. Nancy was impacted by his suggestion that suicide survivors need to be aware not only of their relationship to the person who died by suicide, but of their relationship to the murder as well. For Nancy, this provided insight into the shame she felt around Alicia's completion and validated her feelings.

Nancy was also stirred by the professor's idea that suicide is not something that can be treated. She recalled him suggesting that often families break up because they are constantly struck with the realization that their child has killed him/herself. Nancy found this a profound message and acquired tapes of the sessions as tangible validation of her own experiences and as tools to use in her work back home.

In retrospect, the conference was a stepping stone that allowed Nancy to start working through her own shame and early wounding. Her spiritual life also continued to grow because she personally sensed "God's love" for her through the provision of opportunities to learn and grow. Nancy found hope in the extension of "God's grace" to allow positive things to come out of Alicia's death. She was able to slowly go through a lonely, painful process of forgiving herself.

Nancy went back to school to take an undergraduate degree. She learned everything she could about grief, family violence, abuse, neglect, and shame. This education tied in to her process of healing. Nancy also learned about Native Spirituality and was profoundly impacted by the idea that the Creator listens to and answers our prayers

through the people he places around us. Subsequently, she started paying attention to those around her and found purpose in the perspective that everyone she interacted with was there for a reason. Nancy's opportunities to learn increased as she perceived her encounters with people as meaningful chances to grow.

Nancy's continued learning and her desire to help others led to employment as a bereavement coordinator for suicide survivors. Subsequently, she accepted a position with a mental health agency in her town, believing in the importance of services within rural communities. Nancy also facilitated a support group in her community for mothers who were bereaved by suicide and she has remained with Victim Services. She has seen suicide acknowledged within her community and public support for those bereaved by suicide has grown.

Nancy found her journey since Alicia's death to be long and hard. Finding hope was a very slow process as she learned how to trust again. She has been able to take what she has learned and advocate for other parents who have lost a child or who have a suicidal child. She has also had the opportunity to go into schools and talk to students about suicide and resources. Nancy has seen her daughter Trisha move back home and complete high school with aspirations of going on to post-secondary education. In all this Nancy finds great hope.

KATHY

Kathy is a 50 year old woman who lost her second child, Scott, 15, to suicide in 2004. Kathy lives in a small town in Western Canada with her husband, Fred, and two children, Heather, 19, and Ethan, 11. Kathy comes from a large Catholic family that has always been and continues to be a tremendous support network for her. Kathy was

experienced as an energetic, fun, and strong person who had much to share about her son Scott and the overwhelming support she has received from family, friends, and the community since his death.

Before Scott was born and during his early years, Kathy experienced numerous trials that, in retrospect, helped her cope with Scott's completion. From the death of a family member to illnesses, accidents, medical problems, and financial difficulty, Kathy learned how to cope with loss and receive support from others. She learned that it is possible to cope and overcome life's hardships.

In telling her story of Scott's death by suicide, Kathy painted a picture of his life. She began with Scott as a small boy in kindergarten. Kathy sensed something was wrong with Scott when he did not make friends at school and seemed continually downcast. Kathy recalled him saying that he hated himself and wanted to live in the dump. Kathy immediately took him in to see a psychologist and he was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) but Kathy felt this diagnosis did not seem to fit. Upon realizing Scott was still having troubles at school and was being kept in every recess because of poor social interactions with classmates, Kathy and Fred took Scott for another assessment. The psychologist diagnosed Scott with Asperger's syndrome, a type of high functioning autism.

Kathy recognized the symptoms of Asperger's in Scott. Although he could talk well one on one with adults and small children, Scott had difficulty socializing and forging relationships with peers. He tended to become very focused on a single topic and would explore it to the fullest before moving on to another interest. Scott was less coordinated

that most other children his age and did not enjoy activities in which he had to work on physical skills, work with a partner, or be chosen by captains for a team.

Kathy noticed Scott's avid interest in reading and his high intelligence. Scott was well known at the town's library and often needed books ordered from the surrounding district as he had read everything available on his topic of interest. He was adept at public speaking and in grade four, was asked to present one of his papers to the grade 11 class. Kathy was able to sit in on a few of his speeches and was amazed by how prolific he was at public speaking and the interest he showed in his topic. He inspired the children in his class and made Kathy extremely proud.

Kathy and Fred tried to actively support Scott's areas of strength and encourage him in his areas of weakness. However, Kathy noticed Scott seemed depressed in grade seven and again contacted his therapist. The therapist told Kathy that Scott was not interested in talking about things and Kathy knew that with Scott, conversations could not be forced. Subsequently, Scott did not continue therapy. By grade eight Kathy recalled Scott mentioning that other children had called him gay and that he began focusing on that. At times he would talk about his worries and the "dark side" which Kathy later learned included his fears of being gay and hearing disturbing "voices". Kathy and her family reassured Scott that he was not gay, but that even if he was they would still love and accept him.

In grade nine, Scott seemed to have developed a good circle of friends; however, he was also showing signs of agitation. Kathy recalled receiving a phone call from him in which he stated that if he was gay he was going to shoot himself. Kathy immediately called Scott's therapist who suggested Kathy assess Scott for suicide ideation. Kathy

recalled having a chance to talk to Scott that evening as he had independently pulled her aside to share his heart. She heard him say he could no longer take the "mental struggles" he experienced. Kathy asked Scott whether he was thinking of suicide and he responded that he was a seven on a scale of one to ten for risk of suicide completion. Kathy reassured Scott of the family's love for him and said she did not know what they would ever do without him. Scott mentioned that he loved his mom and conveyed his appreciation for her. Kathy asked Scott if he wanted to be taken to the hospital but he reassured her he would be alright.

Kathy stepped out of the house that evening and while she was away Scott shot himself. The shock hit immediately; however, Kathy found that support from her community, the school, her family, and her friends was also there and has continued in an "amazing" way. Kathy was moved by how many people came to Scott's funeral and by the honoring things that his teachers and fellow students had to say about him.

After Scott's death, Kathy noticed changes at home. Her oldest daughter went away to school, leaving only one child left at home to care for. Kathy noticed changes in her marriage as she and Fred dealt with Scott's loss in individual ways. Subsequently, Kathy has joined a support group, learned more about Asperger's disorder and suicide, and shared her story at a parent support group. One thing Kathy attributes her ability to cope to is Alanon, where she learned the concept of detachment. Kathy learned how to care for others, yet still go on and enjoy her life, despite the struggles someone close to her is experiencing. Kathy explained the theory behind detachment as being the idea that one cannot change another person, just him/herself.

In addition, Kathy has been able to cope with Scott's death through focusing on the positive things in her life such as her other two children. She wants to be available for them and to support them towards becoming independent and leading happy lives. Kathy also mentioned leaning on her faith a great deal and praying all the time. She finds solace in knowing that she will see Scott again and that the family will one day be united. Kathy also tries to see the humor in things, gives painting lessons, and has taken art classes in which she has attempted to capture Scott's essence on canvas. Kathy's life has woven strands of hope throughout that allow her to embrace life despite its hardships and losses.

TAMMY

Tammy is a 49 year old Caucasian woman who has lost five people to suicide within her immediate and extended family in the last seven years. Two of these losses were her eldest son Kyle in 1999 and her second son Adam in 2002. Tammy lost both sons when they were 17. Tammy lives in a small town in Western Canada with her husband John and 12 year old daughter Carolyn whom she credits with helping her survive these losses.

Tammy's story includes a great deal of sorrow and pain. The death of her first son Kyle came as a shock. Tammy went to wake him up for school one morning only to find he had hung himself in his bedroom. She recalls Kyle crying the night before his death and mentioning life being "so complicated". However, although he had been having some emotional problems before he died, Tammy never imagined he was contemplating suicide. In retrospect, Tammy believes Kyle had depression and paranoia and found himself without hope.

Tammy experienced Kyle as a very popular boy among his peers with a great sense of humor and a kindness towards others. She heard about how difficult Kyle's peers were finding his suicide and felt guilt and responsibility for their pain and confusion. Tammy and John allowed the local newspaper to print an article on Kyle's life and tragic death hoping that it might promote suicide prevention within the community.

Tammy found that she went through phases of grieving after Kyle's completion. She first noticed a numbness that lasted approximately six months followed by a hunger to devour information about suicide. Tammy educated herself on the topic of suicide, which gave her insight into Kyle's death. Tammy and John encouraged the family to learn and talk about suicide and to reach out for help if ever feeling depressed or hopeless.

With education Tammy knew more about what to watch for in determining suicidal ideation. Both her son Adam and daughter Carolyn seemed to be coping relatively well. However, in the second year after Kyle's death, Adam started to change and show many of the signs of suicidal ideation. Tammy noticed life seemed to spiral downhill for Adam when one of his friends attempted suicide. He continued to encounter numerous stressors including trouble with the law and relationship/school difficulties. Adam overdosed two times that summer.

Tammy used what she had learned in suicide prevention to do everything she could to provide a safety net for Adam. She involved every resource she could think of including doctors, psychiatrists, her priest, friends, the police, the school, mental health agencies and hospitals. Yet, deep inside she sensed it was only a matter of time. Tammy

realized that Adam was demonstrating all the signs of someone who was going to take his own life.

One Sunday afternoon in the same week that Kyle had completed three years prior, Tammy found a note on Adam's door asking that she call the police. Tammy knew what had happened. Tammy and a neighbor banged the door open and found Adam had shot himself in the same bedroom Kyle had died in. Tammy felt shocked and angry that suicide had been completed in her home again, and that she had to survive another loss. Tammy also felt a deep sense of hopelessness that she had not been able to prevent Adam's suicide.

Since Kyle and Adam's suicides, Tammy has found the grief of these losses difficult to bear. She grieves for the personal loss of two sons, for the loss of the potential each son carried, and for the loss now experienced by those in the community who knew Kyle and Adam. She can only speculate as to why each of her sons died by suicide but believes they must have found themselves without hope.

The boys' suicides robbed Tammy of personal hope. Tammy has questioned whether hopefulness is possible after losing a first son to suicide and, despite every effort, a second son the same way. Subsequently, Tammy's hope has been negatively impacted by the number of high school boys within the community dying by suicide; this has left Tammy feeling hopeless about combating suicide. Tammy has admitted feeling afraid to have hopes for her daughter Carolyn and questions how one goes about regaining hope after experiencing such despair.

Tammy attempted going back to work several times but found it very difficult. Her symptoms of grief included poor concentration which made reading and remembering a

challenge. To complicate matters, Tammy experienced symptoms of Post Traumatic Stress Disorder (PTSD) for which she subsequently began treatment. Symptoms included flashbacks, especially of yellow rope, as that is what Kyle used. She has avoided shopping outlets that carry yellow rope, as it triggers anxiety attacks. In addition, Tammy has noticed a strong aversion to raw meat since her sons' deaths. Tammy likened her life to plodding through "soft wet mud"; she can only take things one day at a time.

Despite the challenges, Tammy does find things for which she is thankful. She is grateful for the 17 years she had with each of her sons and for her remaining daughter. Tammy has been involved in support groups and has a mentor, also a suicide survivor, who inspires and encourages her. Tammy has found that getting together with other suicide survivors has validated her feelings and experiences and given her a measure of hope. Faith in God has given her hope and writing poetry has helped in her grief process.

Tammy has also had several reminders of how she gives hope to other people. Her goal one day is to go into schools and tell students about what it is like to lose someone to suicide. It is extremely important to Tammy that her sons' lives were not in vain. Helping even one person refrain from completing suicide would give meaning and purpose to her sons' lives.

In summary, I experienced Tammy as a courageous, articulate, dedicated woman who has experienced devastating losses yet still strives to make meaning of her sons' lives and to give their lives purpose. Tammy has a great deal of grief to process but her experience of "snatches" of hope amidst her circumstances is inspiring.

CHAPTER FIVE

RESULTS

The following section seeks to compliment participants' stories and experiences of hope and suicide bereavement by further elaborating on and discussing the nature of hope within participants' lives. The three themes of hope presented and discussed are social support, spiritual connection, and giving back.

Theme 1 – Social Support

Social support was an influential factor in increased hope. Social support was comprised of relationships with others that were perceived as positive and helpful. For participants, support included family, friends, support groups, church, professors, mental health professionals and even a stranger. These relationships provided the sense that one was cared for and valued, building self-esteem. Participants also mentioned that receiving validation was helpful during their grief experiences.

Both Nancy and Tammy first experienced feelings of isolation after the loss of their children. For Nancy this was due both to the absence of a support group within her community and to the intensity of her anger, which kept others at bay. In retrospect, Nancy desired the support of an advocate who could assist her in communicating after Alicia's death. This might have taken the form of a friend to listen to her concerns and assist her at appointments, such as meeting with school staff, in order to ensure that her concerns were presented appropriately and addressed.

Tammy, on the other hand, experienced isolation caused by her intense PTSD related grief reactions which included difficulties answering her phone, leaving her home, and going back to work. Kathy experienced isolation from her husband as their

communication deteriorated after her son's death. However, she found "amazing" support from her family, friends, church, support group, and colleagues at work. This immediate sense of community provided Kathy with assurance that she could cope after Scott's death, and contributed to her overall sense of hope.

All three women experienced the need to find supports for their remaining children after the loss of a child to suicide. Both Nancy and Tammy experienced the desperation and loneliness of trying to find help and resources for their children who became suicidal themselves after the loss of their siblings to suicide. Nancy's fight for Trisha to be hospitalized proved successful, and Nancy was grateful for that support during a critical period. Tammy exhausted "every venue" when seeking support for Adam; however, the support available was not enough to prevent his suicide. Kathy brought her second son Ethan to a psychologist after he was diagnosed with PTSD related symptoms associated with Scott's death.

One helpful aspect of support for all three participants was that it buffered stress. To further clarify this experience, additional synonyms that could be used to describe this phenomenon of stress reduction are shock absorber, bumper, cushion, barrier, shield, safeguard, defense, and bulwark. Metaphorically, social support surrounded or came along side participants with a protective cushioning that defended their wellbeing and sense of hope.

Kathy had experienced a strong family support network since childhood. When Kathy's mother passed away in her late teens the family grew stronger and learned to deal with stressors together. Kathy's social support has expanded since then.

"Well, frankly, I don't really feel like I'm in a tunnel. I have great support. I have

> my children who I think are fantastic. You know, I think they are incredible. And I have a large family. My brothers and sisters have been very supportive. We all live in the same area except for one sister. And then I have great friends in my town who have been just wonderful and actually the whole community has been really supportive and even people that I never ever expected came out of the woodwork. So I've been really blessed."

Kathy had learned how to receive support early in her marriage. One Christmas, members of the community heard that Kathy's family was facing some unusual difficulties. Kathy received a call asking if they could drop off bags of groceries and Christmas gifts to support the family. Kathy phoned her father for advice because she believed others in the community had a greater need than she did. Her father replied, "One thing I've learned about people that want to reach out and help you is just to say thank-you and accept it with grace." Kathy received the bags of groceries and gifts and has continued to remain grateful for support.

> "Tomorrow all my sisters and sisters-in-law are coming out, and we're having a big blitz, and we're repainting my veranda and deck…That means so much to me that they would be willing, because they all have busy lives, you know, that they'd be willing to drive out, and help me like that. Because stuff like that really stresses me out."

Kathy has experienced continuing support since Scott died that buffers life's stress. She has successfully learned how to receive support and realizes one cannot journey through hardships independently. Because Kathy had a strong support system in place before Scott died, there was an immediate network available after his completion. In

contrast, Nancy found support to be less available initially. Receiving support was a slower process that progressed over time. Experiencing a lack of support increased Nancy's motivation to offer support to others bereaved by suicide when she had the opportunity.

Social support provided Tammy with critical intervention amidst moments of despair. Tammy experienced an incident of intense anguish and uncertainty regarding her capacity to survive her grief. She called her doctor who arranged for a friend to support her through the night.

> "I [once had a night where things were] as bad as they can get. I find, the reason I made it through, is that night…I told my doctor and he phoned one of my friends that he knows and she came and stayed with me that night and we made it through the night. So there are ways, and sometimes you don't even think of them, but there are ways…"

During this incident Tammy experienced overwhelming pain, despair, and intense grief. However, she recognized the importance of social support in coping. This courage to reach out and phone her doctor indicated that she believed in social support and other resources in combating hopelessness and despair. Social support from a friend buffered the intense grief Tammy experienced and assisted her in coping during a critical time.

Nancy found social support in working with her psychologist after Alicia's death. She was able to experience a safe place to work through her past experiences and grief reactions. This support enabled her to agree to participate in activities that increased her confidence and hopefulness to reengage in life.

> "I was also asked by good friends of mine who were putting on an international conference…if I would sit on this committee for them and I'm going, 'How can they even ask me. I don't know enough.' And then I just beat myself up, which reinforced all that negative about myself. And then my psychologist would stop me when I would get into that place and said, 'Now why do you think they would ask you if you weren't competent?' And so I never had people do that with me before."

Although supported by her therapist, Nancy still found herself feeling isolated and alone on her journey after Alicia's death. However, progressively she found support from Victim's Services, Overeaters Anonymous, Alcoholics Anonymous retreats, several suicide bereavement groups, and conferences. Support from her psychologist gave her the confidence to reengage in meaningful activities. Similarly, Kathy found involvement in activities helped her to reengage in life after Scott's death. Activities such as going back to work and teaching art classes provided her with additional communities of support.

Validation

Validation was found to be an important component of social support as it helped participants to feel that their thoughts, feelings, or experiences were sound, well-based, and grounded. Validation provided assurance that participants' behaviors, thoughts, and/or emotions made sense within the context of their experiences or circumstances. For Tammy, validation played a large role in reassuring her she was not "going mad" when, after her sons' completions, she could not find the grocery store in her small community.

"Right now I live in our small community and I have a problem finding the grocery store that I've gone to for the last 20 years. It's horrible. And yet, last week at the support group another lady spoke about how she was looking for [a certain address] because she had an appointment there the next day. So the night before she drove around and found the address, even though she's lived where she lives now all her life and knows it like the back of her hand. She can't find anywhere now. And when I heard her say that, I just felt a surge of relief. Because sometimes it's awful when you can't find somewhere that you've known all your life. But when you hear that someone else is experiencing the same thing, therein lies some hope too…That you know, you're not the only one, so chances are you are not going mad. You know, this is just another phase of it all."

Validation assisted in Tammy feeling her symptoms of grief were not abnormal because similar reactions had been experienced by another person. This validating encounter gave her hope that she could survive the confusing grief reactions she was experiencing. Nancy faced similar symptoms of not "being herself" and losing control when her intense anger prevented her from communicating effectively with some groups within her community after her daughter Alicia's death.

For Nancy, validation came through the relationships that developed with several professors she met at a conference on adolescent self-harm. These relationships validated her concerns around the importance of schools being a safe and supportive environment for students.

"Here was this university professor, up talking, giving my philosophy on how kids should be treated in schools. So after his presentation, I thought, 'Can this

housewife, housekeeper, go up and talk to this university professor?' And I thought, 'Nancy, that's your old tape playing. The new one is he's human, you're a human being, go up and talk to him.' So I went up and talked to him and I said…I was crying and I said, 'how do I get your message in our school?' He said, 'where are you from?' I said, ['a small town in Western Canada']. He put his arm around me and said, 'My dear I'll be there in the fall.' I mean, I still get choked…Did that give me hope? You bet!...[So he spoke for the] teachers' association and…that was validation for me I tell you. And that was probably my really big, my real start of healing and knowing that I can make changes in schools."

Nancy's thoughts and feelings about school environments were acknowledged and supported by the professor. Furthermore, Nancy's courage to speak with him was rewarded, building her confidence that she could make a difference. Hearing him speak to teachers within her community was meaningful and empowering, giving her hope that change could occur.

Nancy has also recently seen a community group collaborate with a mental health agency to sponsor a charity run for suicide prevention. Along the route memory markers were set up to honor those who have died by suicide.

"And the families can decorate them [memory markers] around the person that they lost. They can put pictures, names, things that they participated in, whatever. They sell these for fifty dollars for the sponsorship. But throughout the whole race, they have a different one at every marker and a lot of people running the race were running specifically for someone that was on the markers. What was cool about this was it gave the families an honorable venue to mourn their child or loved one…so I

went to [the organization] and thanked them personally on behalf of my moms' group because it was an honorable way to mourn and we don't get those chances very often. Because committing suicide is so looked down on. So, that's given my group a lot of hope because now they can start doing something in their own way…also for the organization to even take that project on was amazing. That again gave us all phenomenal hope because we're starting to get it out of the closet."

Nancy experienced personal validation and felt this event provided validation to the mothers in the support group she led; she also experienced validation regarding suicide bereavement in general. Witnessing suicide bereavement legitimized by her community gave her hope that the reality of suicide was "coming out of the closet" and the community was offering support for survivors as well as honoring those who have died by suicide.

This was a similiar experience for Kathy and Tammy as well. They found organized events in support of their children who died validated these losses and emphasized the importance of remembering and honoring their children. Meaningful events included funerals, and memorials/Mass on the anniversaries of their children's deaths.

Kathy experienced validation around her parenting when her son Scott's therapist discussed the inherent difficulty and stress involved in raising a child with Asperger's syndrome.

"I remember…when I was taking Scott to see…his therapist…later on she said to me, 'You know, it's very stressful having someone like this in your family, it causes lots of [stress].' I said, 'Really? I didn't know that.' Like I knew that I felt

stress some times, but I didn't know it was a common thing, I thought it was my poor mothering abilities or something like that, and I thought, 'Oh, oh good, you know, like that validates some of how I feel, like, I'm not overreacting or anything like that. It does cause stress."

This gave Kathy hope that she was competent in raising her son and that the stress she experienced with Scott was not due to poor parenting. It encouraged her and normalized her feelings, contributing to her hopefulness. Kathy did not experience guilt to the same degree as some parents who have lost a child by suicide. She told herself that was a road she could "not let herself go down". In contrast, Nancy felt immense guilt after Alicia's completion, feeling like the suicide was partially her fault. For example, Nancy felt guilty for allowing Alicia to administer her own medications, which Alicia subsequently used to end her own life. Tammy experienced guilt as a mother for not being able to prevent Adam from dying by suicide. She also encountered feelings of guilt because others in her community were grieving because of her sons' deaths.

Individual differences are seen amongst participants, yet for Tammy, Nancy, and Kathy, hope increased during critical moments of validation from others. Validation provided that sense of relief that experiences were normal and to be expected. Validation conveyed the message that what participants shared was important and mattered to others, enabling them to adjust their perspectives and experience hope.

For all three women, hope was fostered through supportive relationships that both validated them and buffered other stressful events in their lives. Validation brought a sense of normalcy to their thoughts, feelings, behaviors, and circumstances that assured

them they were not alone. Support during stressful situations braced them against feeling they could not cope.

Theme 2 – Spiritual Connection

A second theme common to participants that related to hope was spiritual connection. All three participants had personal spiritual beliefs and experiences that either gave meaning to the loss of their children or acted as a resource that provided strength. Spiritual connection was described as both a deeply personal experience and a shared experience with others. One additional category of spiritual connection that emerged and contributed to hope was "life as eternal".

Spiritual connection was identified by participants as a connection to a greater purpose, meaning, plan, force or order at work in the world. For Nancy spiritual connection was associated with a spiritual journey and linked to a meaningful "pathway" for her life. Kathy felt an inner sense of peace and gratitude through experiencing nature. She also felt a connection to her deceased son and would often talk to him, asking that he visit her in a dream. Experiencing unexpected kindness was meaningful for Tammy who felt encouraged by the goodness in people and in the world. All participants found church communities helpful in providing a context for their spiritual beliefs to be expressed.

Connecting to an ultimate purpose was meaningful for Nancy in fostering hope. She found aspects of Native spirituality helpful for spiritual growth. One important perspective Nancy gained from elders included understanding that the Creator's answers to our prayers lie in who He puts on our path. Nancy found this view brought

significance to her daily encounters as she began to view interactions with people as critical to her learning and growth.

> "So when I'm put in a family by Victim's Services to go and assist someone, I always go with the mindset of what will I be learning from these people because they are going to be teaching me something that I need…Otherwise the Creator wouldn't have put me there. It's not by accident anymore that I am there."

Nancy experienced a sense of expectancy because she viewed encounters with people as purposeful, important to her learning and growth. She believed the Creator was involved in her daily routine and that connected her with something greater. She mentioned the poem *Footprints* as being meaningful in providing comfort, support, and a sense that she was never alone.

Similarly, Tammy connected with the goodness that exists in people, and more generally, in the world. She has experienced the uplifting nature of hope coming at the most unexpected times. For example, Tammy experienced an encounter in which she began to share her story with a stranger. This was meaningful in part because she rarely shared the story of her loss with people.

> "I just up and told her. And she just gave me a big hug and she said, I will pray every night for you. It was just so out of the blue, so unexpected…I just thought, there is good people in the world and there is hope…and I said, I'll pray for you and she said I'll pray for you…But ya, that's what I mean by unexpectedness. It comes right when you're at the bottom of the barrel and you think there is nothing left. And then something comes along and gives you a little bit of hope."

Tammy sensed the presence of goodness in people and in the world, and it gave her hope. The unexpected nature of hope also encouraged her as it seemed to appear when she needed it most.

All three participants mentioned having beliefs in God/the Creator that gave them hope. In elaborating on this phenomenon, two participants clarified the difference between religion and spirituality/faith. "I have a faith that is very important to me. I'm not talking about religion. I'm talking about faith in God and that there's more" (Kathy). By describing faith/spiritual connection instead of religion, participants were communicating that what they believed in held personal value and meaning.

Nancy and Kathy mentioned twelve step programs as helpful in providing support and perspectives to cope. Relationship to the Transcendent or a higher power was integral to these programs. For Kathy and Tammy, relationship to the Transcendent appeared established before their losses to suicide, and this spiritual connection gave them hope amidst their grief. Kathy mentioned "praying all the time" and Tammy found faith in God and the comfort of a faith community helpful.

> "I have a strong faith in God and I do get my hope there. I see my priest, like I'll see him today. And we talk, and we don't just talk about religion as such, but just like life and where it is headed and things like that. And usually, I come out of there feeling better…you know. And we just have a good conversation and [I] go home with hope. I might wake up the next morning with no hope, but for that little while on that day, I had some."

In contrast, Nancy experienced a progressive spiritual reawakening after Alicia's death. Her relationship to the Transcendent grew as she transitioned from viewing God

as "punisher" to viewing him as "gracious". She discovered an appreciation for both religious rituals and Native spirituality and began to incorporate both into her spiritual perspective. At a retreat, a Catholic priest described rituals to her as

> "being sort of a pathway. Showing you there's a pathway. Not that you have to follow every ritual. But at least it gives you a sense of consistency…It's just that you have something to continue, to keep you going. And I think that fosters a lot of hope."

Rituals and traditions provided a framework or context within which to contemplate life, grow, and grieve. Nancy saw them as providing a beneficial "pathway" or sense of direction to the Transcendent when overwhelmed and shaken by loss. Rituals provided bearings to grasp when overwhelmed with grief and assisted in one "going on" after the loss.

All three participants mentioned relationships to the Transcendent as instrumental in fostering hope. Nancy and Kathy defined their spirituality as being different from and more meaningful than simply religious ritual and Nancy found both religious rituals and spirituality helpful in fostering hope while grieving.

Life as Eternal

Nancy and Kathy mentioned receiving hope because of a belief in human beings as eternal. They expressed their thoughts about the continual nature of life, it going "on and on" even after death. Kathy recalled an experience in which one of her older, male family members almost died but was revived at the last minute. His description of death contributed to her hope.

> "And he said…it was so beautiful. And ahh, he kind of described what it was like

and all that. And you know to me that's an after death experience and that kind of gives me hope too. That there is something really beautiful waiting for us."

Kathy's faith provided her with the assurance that there was a new, positive experience waiting after death, giving her hope that Scott was in a better place. Moreover, Scott would be welcomed and cared for by Kathy's mother and in time they would all be reunited.

"I have, I think I have a strong faith, and I kind of look at life like it's just a little blip, you know, and we'll all be together some day. And that's for eternity, you know. And that where my son is, is a good place, and he's really happy, and that my mother … Mom will be there. When Scott died Mom was waiting for him, and that gave me, you know, a sense of happiness that he's taken care of and he's ok."

Kathy's perspective that life's pain and suffering were temporary and constrained by a short period of time enabled her to find hope and meaning in her grief. She could experience happiness and a sense of peace about where Scott was.

Similarly, Nancy's belief in the afterlife gave her hope that her daughter's life and death were not purposeless. She shared her views on the continuity of life and suggested Alicia and the family "volunteered" to assist Nancy in growth and learning.

"I also believe we are recycled. I don't believe we go to heaven and stay there. I believe our spirits are recycled and I think it's constant learning…So my belief is that Alicia volunteered to help us experience this, and that's part of my belief and my hope."

Nancy's spiritual beliefs gave her comfort that Alicia's death was not senseless, and that her life was not over. Nancy does not hold to the belief of heaven, but believes

that Alicia does live on. Alicia's life brought change, healing, and growth to Nancy's life, and will continue to be part of the constant learning that takes place in the world. Alicia partook in a greater plan that Nancy allowed to transform her life. Alicia in a sense sacrificed her life to help Nancy grow, and in turn, Nancy has supported many others because of the lessons she has learned through Alicia's death.

In summary, all participants' spiritual connectedness provided hope. It was identified as a connection to a greater purpose, meaning, plan, or order in the world, assuring participants there was "something more". Spiritual beliefs assisted participants in assimilating their losses into existing cognitive schemas about the world or in developing new assumptions about life and meaning in a world without their children. Personal beliefs, prayer, nature, understanding of life and meaning, and their relationship with a higher power and with others who believed similarly were found to be helpful.

Theme 3 – Giving Back

"Giving back" describes an investment into something that helps others and brings meaning to one's own experiences. It can be seen as a sharing of lessons learned through personal experience in order to educate and empower others. For example, educating youth about suicide and available resources might be one form of contributing after losing a family member to suicide. Contributing can be part of the grieving process whereby the loss is acknowledged and shared. Often the feedback received after sharing one's life experiences with others can be healing. Making a difference allows participants an opportunity to make meaning of their own suffering and to reconstruct the stories of their lives after losing a child/children.

All three women have made a difference by simply living through the experiences they have had with a desire to integrate these losses meaningfully into their lives. Although they did not choose this suffering, they have chosen to try and survive it the best they can. They give hope to others that surviving the loss of a child to suicide is possible. Tammy has heard feedback from members in her support group that her story embodied hope, empowering others to think, "If Tammy can go through what she has, then I can get through and survive my situation." This in turn provided her with hope that something meaningful could come out of her sons' lives.

Kathy's reaching out through community involvement had always been a part of her life as a leader of numerous groups and programs. Her past experiences gave her the resources to process the loss of her son, allowing her to remain hopeful and positive. The principles she learned in Alanon enabled Kathy to focus on changing herself and her attitudes when times were difficult. Therefore, despite the grief of losing her son, she focused on creating a life that was still meaningful and enjoyable.

Kathy made two statements about suffering that exemplified her attitude: "But I know something. I think you suffer just to appreciate." and "I think some people suffer so that others can learn." Kathy viewed suffering as having something to offer. It expanded her capacity to appreciate; and it facilitated knowledge and introspection. She gained strength to make a difference by integrating these perspectives into her life. This allowed her to be present in the lives of her family, friends, support group, church, and coworkers, and to contribute despite the pain of the loss of her son. One specific way Kathy contributed was by talking to a Support Group for parents about Scott's life and the heightened risk of suicide among people with Asperger's.

Similarly, Nancy spoke of contributing after her daughter Alicia's death. Initially, giving back was related to confidence and personal growth, as well as to providing meaning to Alicia's life. Nancy volunteered with Victim's Services, which she initially did as a way of educating herself. She soon realized she was able to support others in their grief.

> "When I started [as] an advocate, [I] just sat back and let the lead advocate take the role, but [I] saw that yes I could support someone and I can reach out to people…again, hoping to make things better for others, if not for myself. Not even realizing that by doing something for other people I was going to get the biggest kick out of it really. Not the other person. The more I did for others the more I did for me because it opened up more learning and changing of ideas."

Returning to school with newfound confidence, Nancy paired academic knowledge with her personal experiences and the desire to make meaning of her own and Alicia's lives through helping others. This motivated her to make a difference by leading support groups, providing grief counselling, and working with Mental Health in her community. Nancy found her personal experience with loss allowed her to relate and to connect well to those with whom she worked.

One of the most meaningful ways that Nancy was able to get involved was within the school system. Based on her firm belief that school is a child's community, she felt that there should be an active support system within the school environment for students struggling with thoughts of suicide. Nancy played a role in educating staff at the schools in her community, leading to the development of the "safe and caring school policy" adopted by the schools. Since her daughter's death 13 years ago, Nancy has seen a shift

within the school district towards the provision of support for students contemplating suicide.

> "I see so many changes…today we have the yellow ribbon program going in our community. And we go into every [high] school and we are now working on junior highs. We tell the message of suicide resources, internal and external resources. What it is about and who to ask for help. That it's ok to ask for help. And what to do. And we give them all a card so it tells them who to call. So they carry that around."

Through a slow process Nancy found the confidence and courage to bring the things she had learned to other people. Seeing changes in herself and in her community since Alicia's death has been meaningful.

For Tammy, the theme of making a difference was more complex because of losing two sons. After Tammy's first son Kyle died, Tammy plunged herself into finding out all she could about suicide. She was able to contribute to her family through discussing suicide and resources, assuring her children that nothing could ever be so bad they could not support each other through it. In addition, Tammy and her husband invited the local paper to do an article on Kyle's death.

> "…up until then, suicide had been kept, suicide was just not discussed, and the press came to the house and we said that we wanted it to be in the paper, so that kids and families know that it does go on. So they did a big article in the paper."

However, after all the support and reassurance Tammy gave her children, her hope and desire to fight back and prevent suicide decreased when her second son completed three years later. It appeared to Tammy that all her attempts at suicide prevention and

intervention failed. This brought extreme despair, as Adam's death seemed to send the message that nothing had been learned from Kyle's death.

Despite this second loss, Tammy has still made a difference, sometimes consciously and sometimes unconsciously. Tammy has maintained an open door policy in her home. Friends of her sons and other youth from the community have stopped by in search of a safe place to discuss their feelings. Tammy has listened and encouraged them towards options other than hopelessness and suicide.

> "[I'm telling this youth who is suicidal] you can't, you can't, you can't do that to your family and your friends you know. Because, between us we'll figure it out. And somehow there's a way, right, even when it's as bad as it can ever get. There's still [a way]…with support, you know."

Tammy has contributed her knowledge and experience of suicide in hopes of helping other youth and families. Youth in the community may feel comfortable talking with Tammy because she has experienced the issue of suicide first-hand. Tammy is motivated to continue sharing her story to help others.

> "And all I hope, I think, that's one of my biggest hopes, is that I can become a person…my goal, personal goal, when I'm feeling half human, is that I'd like to be able to go into local schools and tell the kids what it's like to be on the receiving end. Because I don't think they ever think about that, not really."

The goal to continue making a difference in others' lives is one of Tammy's hopes. It has given her a goal to work towards and is an opportunity to bring meaning to Kyle and Adam's lives. What Tammy has learned about suicide and suicide bereavement from Kyle and Adam can be expressed to other youth, potentially saving lives.

In addition, all three participants engaged in periods of intense learning in order to better understand the events around their children's deaths. Nancy found that education provided insight into her own family history, which helped her identify how angry she was before and after Alicia's completion. Educating herself about grief and loss assisted Nancy in understanding the emotions she was experiencing, especially the feeling of shame, and provided validation of her experiences as a bereaved mother. Education has been part of the learning and growth that has given her hope and that has moulded her into a valuable resource for others.

Tammy educated herself about suicide after Kyle's death. This information heightened her awareness about suicide and enabled her to discuss suicide within her family. Her education on suicide, loss, and grief, along with her personal experience has assisted burdened youth visiting her home, and can be shared through talking about the tragedy of suicide in schools.

Kathy wished she had known more about raising a child with Asperger's syndrome. It was only after Scott died that she came across additional information and resources on Asperger's and suicide. This information provided insight into Scott's needs and behaviours, also indicating higher rates of suicide among youth with Asperger's. Education heightened Kathy's understanding of what life might have been like for Scott, giving her more insight into the unique challenges he faced.

Education served as a mode of empowerment for participants, giving them understanding, and for Nancy and Tammy, a sense of control in their lives. Nancy found validation through education and it gave her an opportunity to learn and bring positive changes to her life. Tammy had the hope that through education suicide could be

prevented within her family and in the community. Education provided Kathy with insight into Scott's life, eliciting empathy and deepening her connection to him. Participants were empowered to "pass on" their knowledge and experience to others in order to educate, support and encourage.

Lastly, all three participants contributed by being involved in this research project on hope and suicide bereavment. Their stories made possible the unfolding of themes around hope in the midst of suffering maternal loss. For Kathy, making a difference was part of her personal philosophy and way of being in the world, bringing meaning to her life for many years. Both Kathy and Nancy viewed suffering as part of the process of learning. Nancy found contributing to be personally meaningful in allowing something positive to come out of Alicia's death. Tammy found that making a difference attributed meaning to her sons' lives, ensuring they continued to impact others. Giving back was an important element of making meaning from suffering and contributed to the personal experience of hope for participants.

In summary, participants were interviewed to understand their experiences of loss and interpretations of hope. Three themes emerged as important to each participant's experience of hope: social support, spiritual connection, and giving back. Social support, comprised of positive, helpful relationships with others, supported participants through stressful situations and provided validation throughout their grief experiences. Spiritual connection served to link participants to "something more" which included a relationship to the Transcendent and belief in life after death. This provided a meaningful perspective for participants through which to view death and reconstruct their lives. Giving back attributed meaning and purpose to participants' experiences of grief

by allowing them to take responsibility for their changed realities and to use their experiences to help others.

These results will be discussed within the context of existing research in the fields of hope and suicide bereavement. Application of findings, future research, and study limitations will be presented.

CHAPTER SIX

Discussion

The research findings obtained in this study demonstrated that experiences of hope can exist within the lives of women who have lost a child or children by suicide. The interpretive inquiry method allowed for the exploration of hope within these experiences of loss. This chapter focuses on exploring similarities and differences between the results and the existing literature. The implications of results for research and counselling are reviewed along with the study limitations and suggestions for further research.

Participants were asked to share their stories of losing a child or children to suicide, along with their experiences of hope in relation to the loss(es). Hope themes emerged and were identified as social support, spiritual connection, and giving back. The process of finding meaning after a loss also emerged as an important element contributing to one's hope and will be discussed further within this section.

Results suggested that social support fosters hope, a phenomenon supported by previous research (Benzein & Saveman, 1998; Cutcliffe, 2004; Dyregrov, 2004). At its basic level, social support is a positive, helpful relationship. Previous research suggested those bereaved by suicide desire social support from friends/family and professionals (Dyregrov, 2004). Participants mentioned support as important and helpful in their lives. Two participants mentioned experiencing support from friends and one participant experienced practical support from family.

All three found support from professionals helpful. This included support groups, Victim Services, and psychologists. Reasons for seeking help included family relationship concerns such as an inability to provide emotional support to one another and

different coping styles within the family. Psychiatric concerns such as anxiety, anger, and guilt were also mentioned along with issues such as maintaining parenting roles, difficulty going to work, and expressing and working through grief. Reasons for seeking support are consistent with previous research findings (Provini & Everett, 2000).

Both Nancy and Tammy also mentioned feelings of being isolated. Isolation may occur, in part, because of the social stigma around suicide (Cvinar, 2005). In addition, professional help for suicide bereavement is not always as readily available/accessible as help for physical complaints (Dyregrov, 2004).

Tammy's diagnosis of PTSD may have contributed to her experiences of isolation which included flashbacks and finding it difficult to answer the phone, leave home, or go back to work. These reactions are supported by Jacobs, et al., (2000) who suggested PTSD can affect social and occupational functioning. Part of Tammy's isolation may also be due to a process of conserving energy and introspection called cocooning (Grant Kalischuk & Davies, 2001). Tammy mentioned how tired she often felt and how difficult it was to be asked how she was doing because of experiencing strong emotional reactions to that question. Dyregrov et al., (2003) suggested that self-isolation is the greatest predictor of psychosocial distress.

In contrast, Kathy may not have experienced isolation because of her strong support system and absence of barriers to accessing support. In addition, the amount of time since her loss in comparison to the other participants' losses may have contributed to her experiences of support. Regardless, study findings suggest that bereaved parents may encounter both experiences of support and isolation (Cvinar, 2005; Provini & Everett, 2000).

All three participants found social support to be helpful because it was comprised of validation and buffered stressful events. Horton and Wallander (2001) suggested similar results noting that social support was associated with decreased psychological distress. Cutcliffe and Baker (2002) suggested that "caring" contributes to hope installation. Caring takes place within the confines of human relationships and includes conveying acceptance, tolerance, hearing, and understanding. Social support played a role in assuring participants they could cope with their losses and were not alone.

Another theme common to all participants was experiencing a spiritual connection to a higher power. Participants stated that having spiritual connection fostered hope in their lives, a phenomenon supported by previous research (Bland and Darlington, 2002; Gall et al., 2000; Hasse et al., 1992; Siegel & Schrinshaw, 2002). Spiritual connection appeared to facilitate hope for a variety of different reasons. It provided a "road" or "pathway" to follow that held purpose and meaning and allowed for reinterpretation of circumstances as opportunities for personal learning and growth.

Spiritual beliefs and faith in God provided a framework that assisted participants in assimilating their losses into existing cognitive schemes. Two participants mentioned a belief in the afterlife as important in providing hope. Kathy's belief that her family would be reunited again in heaven gave her hope and she found comfort thinking her mother was waiting for Scott when he died. Consistent with Marrone (1999) this belief may have provided assistance in placing Scott's passing into an already existing perspective about death. This sense of comfort attributed to spiritual beliefs supports previous research findings (Gall & Cornblat, 2002; Marrone, 1999; Siegel & Schrinshaw, 2002).

Kathy mentioned nature, prayer and a church community were helpful in producing and maintaining hope and Tammy found that faith in God plus visits with her priest created hope. These findings are consistent with research that suggested prayer and supportive religious communities can assist in coping (Koenig et al., 2001; McCullough & Larson, 1999) whi[redacted]isits with clergy provide support and positive outcomes (Holland et al., 1998; Koenig, 1997). It appears less research has been completed on the effect nature has on hope and meaning, yet both Nancy and Kathy found noticing the beauty of nature to be sustaining.

For Nancy, connection to the Transcendent involved redefining the role of God/The Creator. Spiritual connection seemed to have a negative effect on her when she viewed God as punisher; however, she progressively noticed a shift in her perspective and experience of God. Viewing Alicia's suicide as a "punishment" fit into her existing schema about God; however, gradually Nancy embraced new assumptions and beliefs that assisted in making meaning of the loss. Nancy embraced a variety of spiritual perspectives (e.g., Native spirituality, "recycling of souls") that she found helpful and meaningful. Her story suggested that a variety of spiritual beliefs and experiences can be helpful in coping with loss. Similar experiences have been reported by Klass (1999), and the idea of spiritual connection assisting in the restructuring of new assumptions about self and the world after loss have been documented by Marrone (1999).

For participants, hope was derived from experiencing purpose and meaning in life's experiences, through learning and growth, from an anticipation of reuniting with the deceased, from nature, and through a religious community. When questions of "why" the suicides happened were left unanswered, participants were propelled to venture further on

their spiritual quests. In summary, each participant mentioned her spirituality or faith as a source of hope.

A third theme found in this research project was "giving back". Giving back can be described as using past experiences to benefit others in the present. For example, Nancy has talked to schools about suicide and that is a goal for Tammy as well. Giving back appeared closely tied to meaning-making, serving a two fold purpose; it provided a way for the individual to give meaning to her own life, and it served as a way to give meaning to the life of the child or children who died. Giving back may correspond to what Frankl (1959) described meaning to be: responding to present demands, finding/dedicating oneself to a unique task, and trusting in an ultimate meaning. Nancy and Tammy both showed concern about the number of suicides in their community. Contributing may have been a response to the demand/need they saw to educate youth about suicide and resources. Trusting in an ultimate meaning might provide comfort and aid participants in reconstructing their lives and relationships to the deceased.

Taking time to contribute not only serves to benefit others, it can validate the life of the deceased and allow the bereaved to remain connected to him or her (Kalischuk and Hayes, 2003-2004). Assisting others seemed to be an on-going process of meaning-making, at times taking the role of a goal to work towards. This goal of helping others supports Snyder's (1995) research that suggested hope is having a goal and having the means (plans/strategies) to accomplish that goal.

Nancy found giving back to be a natural outpouring of things she was learning. Not only did contributing benefit others, but it served to build Nancy's confidence, increase her experience, and generate growth. Tammy maintained an "open door" policy at home,

inviting her sons' friends and youth from the community to come and talk about their feelings. Kathy found giving back by speaking at a support group validated her own experiences as a parent. Through giving back, participants were able to feel positive about themselves and their responses to crisis. Research supported the notion that meaning-making assists in maintaining one's sense of self-worth and value, something that is often jeopardized after losing a child to suicide (Nolen-Hoeksema & Davis, 2001; Thrift & Coyle, 2005).

In addition, each participant made a difference through involvement in this research project. Their contributions made it possible to study hope within the context of the loss of a child/children to suicide. Each participant mentioned finding it meaningful and beneficial to be involved in the study. This supports Kalishuk and Haye's, (2003-2004) finding that research involvement is one way of processing grief towards healing. Contributing can facilitate one's own healing which in turn can produce hope. Further research into the area of giving back as a process of meaning-making and hope attainment would contribute further understanding to this phenomenon.

Lastly, a common thread running throughout the results of this study is the importance of making meaning when encountering grief and suffering. It appears that both spiritual connection and giving back were part of a meaning-making process for participants. In addition, it appears that meaning-making often happens within one's social world, heightening the importance of social support for those bereaved by suicide (Klass, 1999). Although meaning-making did not appear as a theme in the results section, it is laced throughout this project as an important element in suicide bereavement

and hope. Victor Frankl (1959) suggested despair is suffering without meaning. Meaning was important to fostering and maintaining hope.

In summary, results suggested social support, spiritual connection, and giving back all contributed to fostering hope within the participants' lives. This study is consistent with previous research findings that suggested hope is intertwined with supportive relationships and can be fostered through spiritual connection. The theme of giving back was connected with the process of meaning-making in previous research. The discussion and analysis of these themes would not have been possible without participants willingness to share, for which the researcher is grateful.

Implications for Future Research

Several research projects could be considered based on the results of this study. Social support was found to produce hope in all three participants. However, one participant found PTSD symptoms added additional issues to her grieving process. Further research could explore this phenomenon, evaluating potential barriers to receiving social support.

Another area for further research includes the exploration of meaning-making. Meaning-making appeared to be a substantial part of the bereavement process for all three participants. Research could examine the process of constructing meaning as a part of the grieving process. In addition, it would be interesting to determine if the process of meaning-making changes with different loss circumstances. It would also be of interest to understand which, if any, variables contribute to or inhibit the ability to make meaning of loss.

This study focused on mothers bereaved by the suicide of a child or children, however, there are just as many fathers bereaved by the loss of children to suicide. Further exploration into the experiences of fathers bereaved by the suicide of their children might identify similar or different themes of hope. In addition, hope could be examined within the context of the grieving family.

Lastly, researching the phenomenon of making a difference would bring additional clarity to the idea that giving back fosters hope and aids in the construction of meaning. This research would contribute to bereavement literature, providing insight on journeying through grief or supporting someone who is grieving.

Implications for Counselling

Although study results cannot be generalized, results portray a pattern of themes across participants that support previous suicide bereavement and hope research. In applying research to clinical settings, it is important that clinicians familiarize themselves with bereavement literature and acquire training in the area of loss before counselling a parent bereaved by the suicide of a child. Knowledge of the phenomenon and an ability to discuss issues around suicide would be necessary for counselling. Dialogue around hope including sources of hope, hopes lost, and goals for the future might provide a context within which the client can discuss the loss.

Study results suggested social support fosters hope. Creating an environment that is supportive, non-judgmental, empowering, and safe facilitates the building of a positive, helpful relationship between counsellor and client. In addition, counselling interventions might include connecting the client with helpful support within his or her environment.

For example, a suicide bereavement support group might connect the client with others who have experienced similar losses.

Social support included validation and assisted in buffering stressful events. Within the counsellor/client relationship, a counsellor could provide support through validation of the client's feelings and experiences. Knowledge of suicide bereavement literature and research would assist in normalizing grief responses. Empowering the client to reach out for help and to develop a helpful support system would serve to buffer stressful events in his or her life.

A counsellor should also facilitate connecting clients to their own internal resources. This might include discussion around client attributes that enable them to persevere despite crisis. Research results found that connection to the Transcendent increases hope. This might include internal and external resources such as a higher power or finding strength through nature, poetry, spiritual rituals, humour, or a faith-based community. Taking a holistic approach to counselling creates a space for clients to discuss their spirituality.

Counsellors can also facilitate an environment that allows clients to talk about meaning in their lives. Spiritual connection and contributing could be useful tools in bringing meaning to one's life, "benefit-finding" despite crisis and loss. Allowing parents to share their stories of grief can assist in reconstructing a meaningful, bonded relationship with the deceased.

Research Limitations and Delimitations

The amount of time between the participants' experience and the interviews may have caused a change in their perceptions or understanding of events when describing

their stories. The study may also be limited by the ability of participants' to articulate and share their loss experiences within the time frame of the interviews. Research data may be limited to participants' current perspectives about the loss, which are susceptible to change.

Conclusion

This study sought to determine if and how hope exists within the lives of women bereaved by the suicide(s) of their children. Results revealed that hope exists within the lives of those bereaved and was fostered through social support, spiritual connection, and giving back. Hope was tied to participants' processes of meaning-making and assisted participants in saying "yes to life" and moving forward on their life journeys.

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Appendix A

Letter to Potential Participants

The Experience of Hope in Women Bereaving the Suicide of a Child

Hendrika Tennant is a graduate student at the University of Alberta who is conducting research on hope in the lives of women bereaved by the suicide of a child. This project is a partial requirement for her Master's Degree in Counselling Psychology under the supervision of Dr. Robin Everall in the Department of Educational Psychology, University of Alberta.

She is seeking participants to discuss their experiences of hope following the suicide of their child. As you have accessed suicide bereavement services through The Support Network you would qualify for participation. Participation in this study is strictly voluntary. Additionally, this study is in no way affiliated with The Support Network. Our intention is to alert you to this study should you be interested in volunteering.

Your participation would involve an interview of approximately one to two hours and a possible follow-up interview of 45 minutes. This would be done at the University of Alberta. All information will be kept confidential and any identifying information will be changed to protect privacy. This is a voluntary project which ensures you the right to decline participation or to withdraw your participation at any time throughout the study. Participation or not participating will in no way affect your access to services through The Support Network.

For more information or talk about participation in this study please contact Hendrika Tennant at 425-6206 or Dr. Robin Everall at 492-1163.

Appendix B

CLIENT INFORMED CONSENT FORM

Department of Educational Psychology
1-135 Education North
University of Alberta
Phone: 492-3746

I understand that the purpose of this study is to gather information on participant's experiences of hope in the context of the loss of a child to suicide. I understand that this study seeks to provide helpful information for those bereaved by suicide as well as counselors and support group leaders.

I understand that this is a voluntary project, and that my participation can be withdrawn at any time without penalty. I understand that my name and identity will be kept confidential throughout the entire duration of this project and that I have complete control of the information I give that is included in this research. I understand that interviews will be recorded and will be approximately two hours in length with a possible follow-up interview of one hour. I understand that there may be some risk in talking about my experience of hope and suicide bereavement. If I feel distressed by talking about my experience, a counselling referral list will be made available to me.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education and Extension Research Ethics Board (EE REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EE REB at (780) 492-3751.

I, _____, give my informed consent to participate in the above project.

I, _____, also give my consent to be contacted for an additional follow-up interview that will last approximately one hour.

Thank-you.

Hendrika Tennant 425-6206
Master's Student in Counselling Psychology

Supervisor: Dr. Robin Everall 492-1163
Associate Chair and Associate Professor
University of Alberta